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ABSTRACT

This report is a compilation of several regional forums held in Texas (Longview, McAllen, El Paso, Dallas, Lubbock, Houston, and Austin) by the Office of Early Childhood Development (OECD) concerning the needs and problems of young children. The report is divided into five sections: an introduction to the early childhood development planning process, a brief summary of the speeches given by the OECD director and associate director, a composite summary of all regional forums, a summary of each regional forum, and a survey report of questionnaires filled out by forum participants. Of special interest is the survey report which provides a categorical analysis of participants' responses to pertinent issues in early childhood education. (CS)

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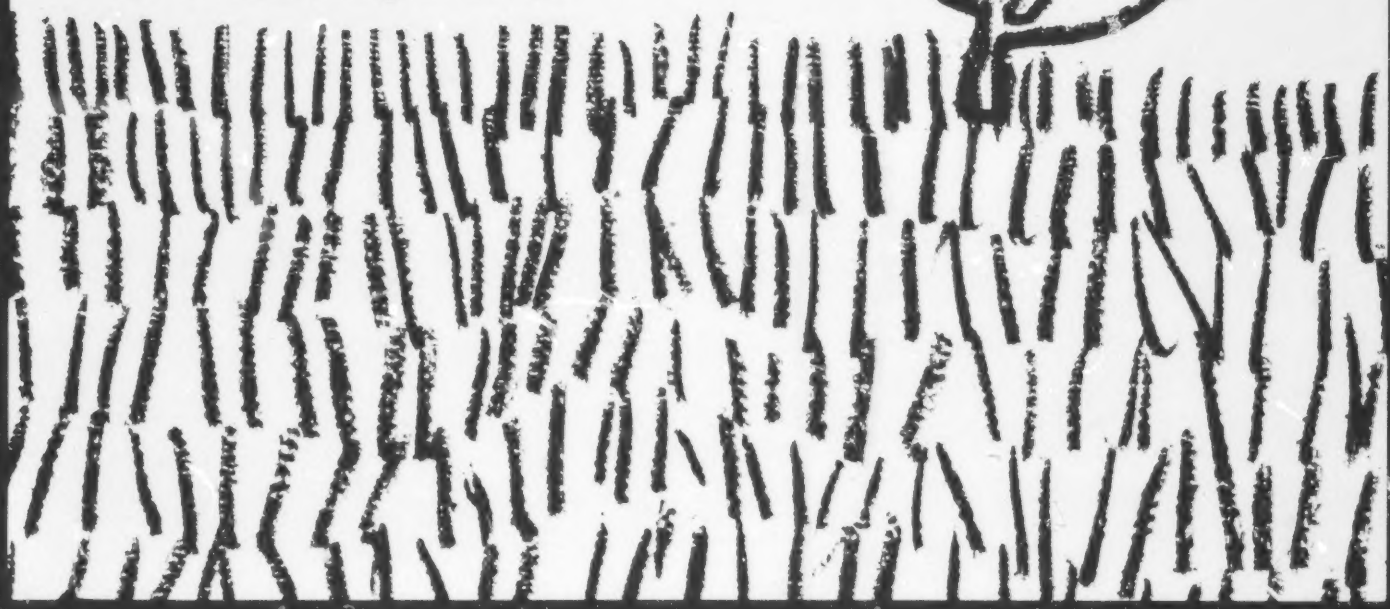
# Summary Report:

## Regional Forums on Early Childhood Development in Texas

**Office of**
**Early Childhood Development**
**Jeannette Watson, Director**

**Texas Department**
**of Community Affairs**



# Foreward

During this year, the Office of Early Childhood Development (OECD) has conducted seven regional forums across the state of Texas concerning the needs and problems of young children. From 2,317 invitations sent to people interested and involved in early childhood activities, 842 people participated in the forums held in Longview, McAllen, El Paso, Dallas, Lubbock, Houston, and Austin. This report is a compilation of forum summaries which reflect the comments and concerns of those people.

The report is divided into five sections: an introduction to the early childhood development planning process, a brief summary of the speeches given by the OECD Director and Associate Director, a composite summary of all regional forums, a summary of each regional forum, and a survey report of questionnaires filled out by forum participants.

The Office of Early Childhood Development extends its gratitude to all interested Texans who responded to our invitations and assisted us in the effort of identifying the status of young children and their families in Texas.

A special note of thanks goes to the Health and Human Resources Division of the Office of Information Services, Office of the Governor, Jack C. Carmichael, Manager; and staff members J. C. Humphrey, Alan Miller, and Karen Terrell. Their dedication, support, and assistance in processing and reporting the data obtained from the questionnaires completed by forum participants was instrumental in the preparation of the final section of this report.

This report was prepared and written by the Planning Staff: David Nesenholtz, Project Director; Diann Cowling, Planning Specialist; Nancy Cook, Research Assistant; and Gloria Fabian, Secretarial Assistant. The Public Education and Information Staff was responsible for editing. However, the entire staff of OECD contributed to its completion in their capacities as leaders and recorders at the forums, devoting 221 staff days and traveling over 29,000 miles to explore with other Texans the needs and problems of the youngest citizens of our state.

Jeannette Watson

Jeannette Watson (Mrs.)
Director
Office of Early Childhood
Development
Texas Department of
Community Affairs

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## Introduction

The Office of Early Childhood Development was created in January 1971 to advise the Governor and state agencies about programs affecting young children. In July 1972, at the request of the Governor, the second called session of the 62nd Legislature appropriated funds to the Texas Department of Community Affairs for early childhood development during fiscal year 1973. One of OECD's specific tasks is to take the initiative in preparing a long-range, coordinated, statewide plan for young children in Texas.

Three major reasons lead state and local officials to desire a state plan for early childhood development:

--The ongoing early childhood program activities, carried out satisfactorily by a number of state agencies, local governments and private organizations are not coordinated with each other. There is no overall plan to guide the individual activities of these agencies in the cooperative and collaborative efforts which they themselves desire.

--There is evidence of major gaps in the types of programs and persons served.

--There is no systematic flow of information about the status of children which would offer a base for initial planning and updating of those plans.

It was recognized at the outset that all agencies currently providing services to young children must be involved in preparing such a state plan. Accordingly, the Interagency Health and Human Resources Council, created by executive order, established a Committee on Early Childhood Development, whose principal purpose was to work together on the preparation of the plan. The committee was formed in November 1972, with the Director of the Office of Early Childhood Development as its Chairman. The agencies serving on the Committee are the Texas Education Agency; the State Department of Public Welfare; the Texas Department of Mental Health and Mental Retardation; the State Department of Health; the Coordinating Board, Texas College and University System; the Governor's Office of Comprehensive Health Planning; the State Commission for the Blind; and the Texas Department of Community Affairs.

The first step in plan development entailed methods of collecting data concerning the conditions of children in Texas. The Committee approved a data gathering process which included the following:

--A series of regional forums in seven locations around the state. In the forums, a wide spectrum of people concerned with young children were to identify what they perceived to be the services needed (in order of priority) for children in their areas and to identify the kinds of people to whom the services should be offered.

--The assembling of a panel of national experts in early childhood development. The panel was to offer expertise in identifying, in light of the latest research findings, the types of programs for children which are likely to be most effective.

--The accumulation of statistics by the OECD planning staff. These statistics, such as the annual number of infant deaths, the number of children now receiving Aid to Families with Dependent Children (AFDC), the number of young children with mothers in the labor force, as well as many other figures, were to help identify program priorities.

The information from the three data gathering processes will be presented to the Committee on Early Childhood Development, whose members will oversee the formulation of the plan.

This report is the result of one of those data gathering processes -- the Regional Forums.

The conducting of regional forums around the state started in Longview on December 13, 1972, and ended in Austin on June 6, 1973 (see Regional Map, Page 13). The Office of Early Childhood Development invited 2,317 persons from various disciplines who were involved in early childhood development activities. The invitations were sent to the following numbers of people:

224 Parents (specifically of children under age six)

216 Teachers (Head Start, special education, kindergarten, elementary school, high school)

212 Pediatricians

212 Child care personnel (private and public)

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| 191 | County judges |
| 184 | Legislators (Senate and House of Representatives) |
| 158 | City mayors |
| 130 | County Extension Agents (U.S. Department of Agriculture) |
| 107 | Community Action Agency and Model Cities staff members |
| 107 | Mental health and mental retardation personnel, including the Texas Association for Mental Health and Texas Association for Retarded Children |
| 104 | Members of private and public associations (Community Coordinated Child Care, Community Councils, Junior Leagues) |
| 94 | Public school administrators |
| 67 | Public health personnel |
| 57 | Clergymen |
| 55 | Persons from miscellaneous professions, such as lawyers and newspaper editors |
| 44 | College and university faculty members |
| 39 | Public welfare personnel |
| 32 | Personnel from private institutions for children |
| 31 | Councils of Government personnel |
| 29 | State board members (Health, Education, Welfare) |
| 24 | Education Service Center personnel |

Of the persons invited, 842 participated in the seven regional forums. (See list of participants following each forum summary.) At each meeting, members of the OECD staff presented some background information on the field of early childhood development, some of the basic issues concerning the conditions of children, and the activities of the Office of Early Childhood Development. In small discussion groups, the participants were asked to answer three key questions:

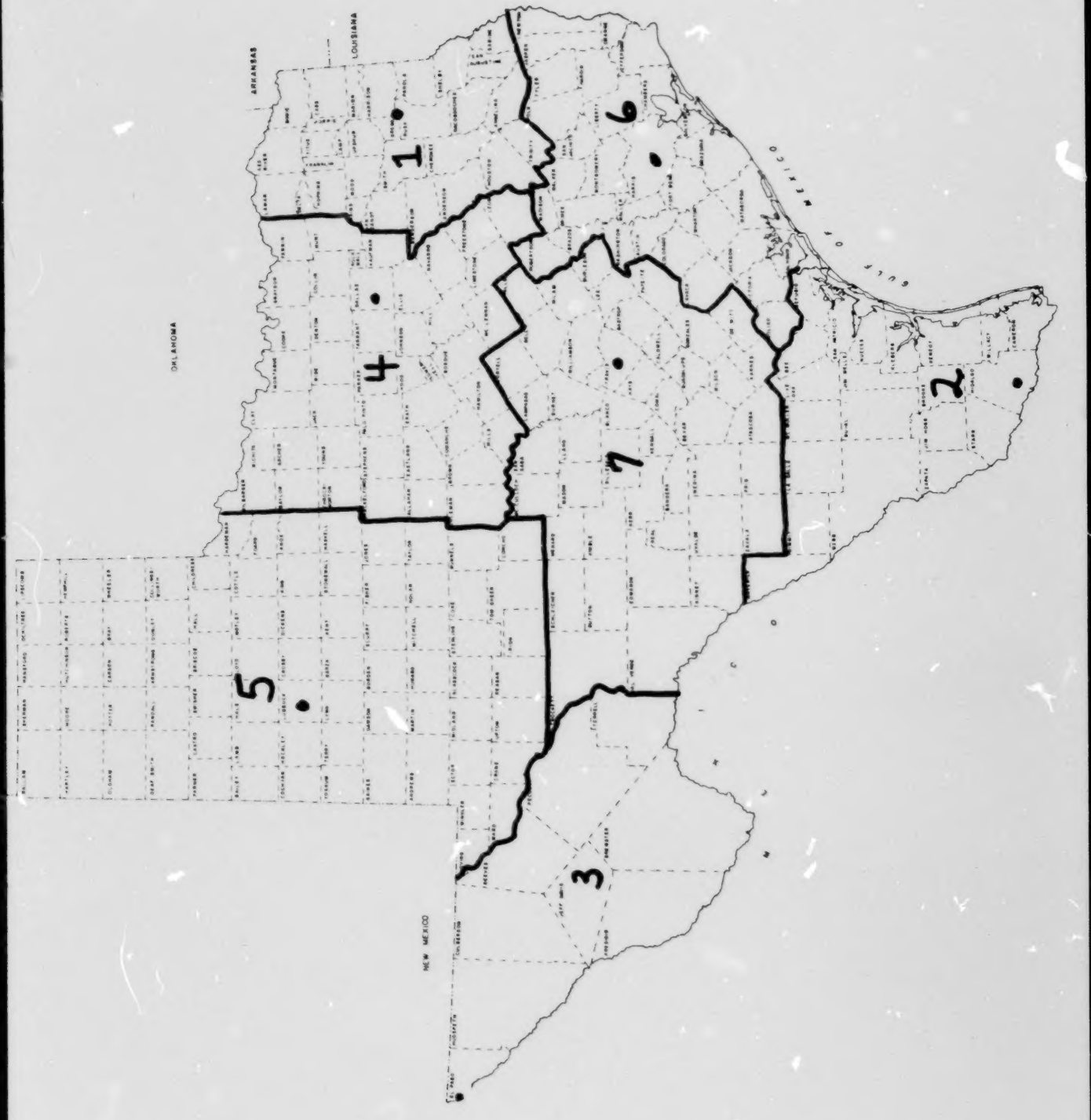
1. What do you consider the greatest problems of young children and their families in your community? Are there existing services to meet those needs?

2. What services should be available to meet those needs? How much parent responsibility -- how much public?

3. Given limited resources, what are your priorities for services to children? To whom (what population) should these services be available?

This forum report is an attempt by OECD to record and summarize the concerns and opinions of those people who shared their time and knowledge with us. To them OECD is indebted.

REGIONAL MAP
EARLY CHILDHOOD DEVELOPMENT
FORUMS



Texas Department of Mental Health and Mental Retardation--community centers, state hospitals, state schools, and state centers for human development;

Texas Education Agency--kindergarten program, special education program, programs for migrant children, bilingual programs, programs for educationally disadvantaged and economically handicapped, and preschool non-English programs;

State Department of Public Welfare--funds to low-income families, family planning services, licensing day care centers, foster care, and homemaker services.

The Office of Early Childhood Development is collaborating with these and other state agencies through the Committee on Early Childhood Development in the formulation of a state plan. One might well ask why so much emphasis on early childhood development if families are chiefly responsible for their children and if governments are helping those parents in need. First, most research indicates that the early period of a human being's life is critically important. Second, the research results have created a heightened national interest in the large number of children who lack elements essential to their optimal development.

The Commission on School Finance and the Committee for Economic Development have published reports which point to the early years as crucial. President Nixon recently stated that the process of learning begins "long before children are anywhere near first grade or even play school" and "for children of the poor this ability to learn can begin to deteriorate very early..." It is important to remember that while most public programs for children are directed to the poor, children from affluent families often may lack an appropriate environment for sound early childhood development also.

Another reason for the added emphasis on early childhood development is the fact that basic changes are occurring in our society: more women are working and the extended family is quickly dissolving. Let's explore these two phenomena in more detail.

There is an increasing number of women entering the labor force. We all know that, but I wonder how many really know the extent to which this is happening. In 1948, only 18% of the nation's mothers worked outside the home. In 1971, 43% of all mothers were working outside of the home and some estimate this figure might reach 80% by 1985. In 1948, one out of every eight mothers with preschool children was working. In 1972, this figure was one out of every three, more than double.

HIGHLIGHTS OF THE SPEECH MADE AT EACH OF THE REGIONAL FORUMS BY JEANNETTE WATSON, DIRECTOR OF THE OFFICE OF EARLY CHILDHOOD DEVELOPMENT

The Texas executive and legislative branches of government have given the Office of Early Childhood Development the assignment of developing a long-range state plan for the State's more than 1.2 million children under six. In light of this task, there are many questions which need answering, questions for which you can help us develop answers.

Parents, by and large, are doing a good job of raising their children, but at the same time an increasing number of people are asking for more publicly and privately supported child care* programs. How can we improve the quality of services which state agencies already provide? Should the State provide more services? If so, what services, and to whom should they be offered? We come to you -- parents, public officials, professional people who work with children -- for your views and suggestions.

First, a definition of terms. Early childhood development includes everything that happens in the life of a child from the time he is conceived until he is seven or eight years old. Early childhood development is distinguished from early childhood education in that development is a term which encompasses health, nutrition, family, culture, environment, and emotional and intellectual growth, while education is more or less limited to intellectual growth.

We know through research and common sense that the family is the most important influence on a child's development. The goal of sound early childhood development is to help a child develop everyday effectiveness in handling his total environment at any given time in his life. Children should grow up to be responsible adults who contribute to society. In recent years, federal and state governments have assisted parents by offering programs that aid children's mental and physical development. Texas has responded with the following major programs:

Texas Department of Health--crippled children's services, tuberculosis program, maternal and child health services, and immunization programs;

*The term "child care" is defined here and throughout this report as any type of care for the child, in or out of the home, on a regular basis -- including day care, night care, 24-hour care, before and after school care, and infant care--when unaccompanied by the parent or guardian.

TEXAS DEPARTMENT OF COMMUNITY AFFAIRS

SAM HOUSTON BUILDING P. O. BOX 13166, CAPITOL STATION AUSTIN, TEXAS 78711

August 31, 1973

Dear Fellow Texans:

A State Plan is presently being prepared, to formulate a sensitive and practicable method of meeting the needs of Texas' youngest citizens. As a significant part of an effective interagency planning effort, the Office of Early Childhood Development, Texas Department of Community Affairs, has conducted forums throughout the State to learn the concerns and attitudes of parents, professionals, community leaders, and other interested people. The results of that effort comprise this document.

Herein lie some crucial issues of public policy-- issues for use in planning, programming, and administration of activities relating to young children and their families. These issues warrant your concerted attention because they address the future of our State.

Sincerely,

B. R. Fuller
Executive Director

BRF:gc

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This is happening for several reasons. One reason is that the income of millions of families is insufficient. It requires two incomes to maintain a minimum standard of living. Another is the accelerating divorce rate. Women are forced to work or to go on welfare. Still another reason is associated with the struggle by some women to achieve a sense of personal worth as competent human beings, separate and apart from their more traditional roles as wives, mothers, and homemakers. These women choose to work.

Another societal condition creating a demand for publicly funded preschool programs is the demise of the extended family. Historically, the primary socializing agents of the young child have been the family and what has been called the extended family, supported by the surrounding community. Mothers not only nurtured their children but were busy with a multitude of other tasks, and therefore required and received the assistance of relatives, older siblings, friends, or hired help.

Increasingly in our highly mobile society, neither the extended family nor the community remain intact to perform the traditional child care roles. Yet the basic need for these services persists. These circumstances, in concert with others, have created an awareness of the need for child care programs of various types.

In summary, let me say that we recognize the importance of the early years of life; we recognize the value of early childhood development; but we need your help to get us from the recognition to the realization of a sound workable plan for early childhood development.

HIGHLIGHTS OF THE SPEECH MADE AT EACH OF THE REGIONAL FORUMS BY RICHARD ORTON, ASSOCIATE DIRECTOR OF THE OFFICE OF EARLY CHILDHOOD DEVELOPMENT

It has already been said that the family has the prime responsibility for the rearing and development of children. However, basic changes are occurring in that family structure: the break-up of the extended family; rapid population growth and mobility; a rapidly spiraling divorce rate; and mothers entering the work force in ever increasing numbers. Many problems of the young child demand solutions as a result of those changes.

For example, as more mothers enter the work force, the demand for quality day care which is easily accessible and reasonably priced increases. This demand is not a passing fad or fancy; it will intensify. Should society accommodate this demand or ignore it?

Society and government are playing a major role in many areas of early childhood development already, but we are unsure about whether or not that role should be expanded. And if expanded, we are unsure what kind of services should be provided and to whom those services should go. Naturally an overriding concern would be the cost of those services. It is unclear what the state's investment should be since we are talking about children, the future leaders of our state.

There are those who say that we must respond to the needs of the entire family, not solely to the needs of the children. They say that if families have good jobs and adequate incomes, if family members can get a good education, and if they can find good housing most problems about child care would resolve themselves. But if this is so, and if it is proposed that more day care, parent education, and better health care be provided, we might be dealing with symptoms rather than causes.

And what about the family unwilling or unable to give appropriate nurture to their children? We are unsure if the state should intervene, and if it should, under what circumstances.

You can see that these problems do not have easy answers. Some children who will not receive the proper developmental needs as they have been defined could easily become charges of the state, with the costs in humane and economic terms far greater than what they would have been had something been done earlier in their lives.

To some extent we have looked to the experts to guide us. There has been less research in the field, though, than we might hope. One well-known researcher has likened those of us in the child development field to persons on ships traveling in a foggy night with only a few dimly visible lights on the shore to guide us.

What does the research say? One, that the early years are of great importance in the subsequent development of children. Two, the family is the most efficient and effective system for bringing about care and development of children. Three, there is no single solution to early childhood development problems because each child has individual needs at various stages of development. Four, some preschool programs can be shown to make an immediate difference in the skills and abilities of young children, but these differences tend to disappear unless they are continued and reinforced by the school and the family.

This lack of sustained gains seems closely allied to evidence suggesting a need for education for parenting. Obviously the biological capacity for parenthood does not automatically confer good parenting skills upon a couple. All persons probably need to be taught these skills not long after puberty, but definitely before the individual actually considers parenthood.

By extension, when parents are not able to perform their roles, the people who act for them (teachers and the like) must be skilled in dealing with young children. Those who act as substitute parents should be well screened and receive specialized training. Not everyone can take care of a young child well. Early childhood development is a unique field and requires particular skills. Furthermore, the young child's needs cannot be fulfilled simply by a downward extension of the school system as presently structured. The young child has needs that are decidedly different from that of the school aged child.

However, more research is needed. We need to find out just where early childhood development begins and ends and more about the stages of it. There need to be studies of the long-term effects of extended day care on infants and the very young child. Studies on the effects of different quality levels of day care are imperative. And we can use much more information on the cost-effectiveness of a wide variety of programs for young children.

Let me summarize by adding a few more facts to what we know. There are one and a quarter million children under six years of age in Texas and they are the adults of tomorrow. Their effectiveness as adults will depend to some degree on the quality of their early development. We know that in families where parents are able to adequately take care of themselves and their children, the children will generally come

through life fairly well. Children who live in a home with family emphasis; who spend a good percentage of their time in that home; who get adequate, nutritious meals; who are examined periodically by doctors and dentists; and who have no serious mental or emotional problems -- will probably reach maturity without being characterized as serious social burdens. However, we also know that in growing up, many of those children, perhaps as much as 25%, will face crises serious enough to impede normal development and greatly increase their cost to society.

As yet, Texas has no plan and no thought-out philosophy to deal with the overall situation. Each agency, public and private, has been "doing its own thing" with regard to young children. The loudest voices, rather than the voices of greatest need, usually have gotten the legislative response.

The alternative to a coordinated, comprehensive state plan on early childhood development is to continue along the same path with decisions being made disjunctively, city by city, agency by agency; with every program having different priorities; and with consequent inequality of opportunity.

The other alternative is to analyze the basic needs of children and their families and formulate a plan to meet those needs. That plan should define the role of the family as well as private and public agencies; set clear, reachable goals; develop a clear policy to follow; and give a full, realistic look at costs.

We feel we need such a plan. We know you can help us by giving us your ideas. We are not here as advocates of particular solutions, but as gatherers of opinions about the needs of young children in Texas.

# Composite Summary of The Regional Forums on Early Childhood Development

Participants in the regional forums on early childhood development came from disparate walks of life -- rural areas, towns, large cities, and from corners of Texas more distant than New York to Chicago. However, their opinions on the needs of young children in their own communities were remarkably similar. They strongly believed that the family had the ultimate responsibility for their children's development and that the parent-child relationship was a significant one. Participants felt that the family must be strengthened. They felt that potential and actual parents -- of all incomes and ethnic backgrounds -- must develop better parenting skills: the ability to recognize the various needs of a growing child, the ability to identify potentially unhealthy and dangerous conditions or situations, and the ability to respond more fully to a child's developmental needs. Participants also felt that supportive services should be coordinated and made more accessible to families. Services should help parents learn necessary skills, provide quality care for children of parents who must work, and improve the general health of young children.

GREATEST NEEDS INDICATED OR SERVICES WANTED:

1. Parent education needs to be available in the public schools, both at the junior and senior high levels; in community services connected with prenatal clinics; in child care facilities; and in mass media. Parent education should focus on all areas of child development as well as family health and nutritional needs. Parent education should inform potential parents about the responsibilities of parenthood and should stress the developmental needs of young children and the importance of the parental role in the child's development.

2. Health care needs are crucial. Services should focus primarily on prevention; this includes early screening with follow-up treatment for the high-risk and handicapped child. Services need to be expanded as well as improved, and they need to include centralized referral and information systems. Nutrition and prenatal care should be given special emphasis.

3. Coordination should be a major focus of all agencies and institutions providing services to young children and their families. A comprehensive state plan which includes

the state, regional and local levels is an important step toward total coordination of fragmented services. The plan should have a degree of flexibility to serve the varied needs in the state; it should improve accessibility of services and provide alternative ways of delivering services.

4. Additional child care (day care) services are needed for children from working families. The quality of child care services needs to be improved through more stringent enforcement of present minimum standards. Child care should be more comprehensive by making care for infants and handicapped children available and by involving parents. Many opinions were expressed about who should receive priority for these services, but the need for child care, regardless of family income, was frequently voiced.

5. Additional categories of needs and services:

   a. More public information needs to be available to assist parents in locating services for their children. Also, the general public should be informed about the needs of young children and their families. An advocacy-support role among parents and public officials could make the general public more aware of children's needs.

   b. Services for the handicapped need to be expanded, both within programs from which they have traditionally been excluded, and within programs specifically designed for handicapped children. Early identification and a centralized referral system are important steps toward improving these services.

   c. Child care can best be improved by training competent child care workers. The stress should be on competency -- demonstrated ability to work with children -- and training should be expanded to meet the increasing child care needs.

   d. Transportation for children to and from available services is a need which is difficult but necessary to meet. Services need to be more localized or transportation systems must be expanded to serve rural areas.

PARENT OR PUBLIC RESPONSIBILITY?

The participants expressed the view that the family has ultimate responsibility for the child's overall development. The public, however, has a responsibility. Generally, it is a public responsibility to provide information to parents

about parenting and to coordinate all services to young children and their families. In particular, the public is the primary provider of services when the family refuses to or cannot provide for the services itself; however, these public services should include the whole family.

PRIORITIES:

1. Health care, specifically comprehensive health care; nutrition services and information; early screening and identification of high risk children; and follow-up health services with the primary focus on prevention.

2. Parenting education from the perspective of pre-parent awareness; parent education after the birth of the child in areas of child development; and parent involvement in all services to children.

3. Child care (day care) services for children of working parents with an emphasis on in-home care, before- and after-school care, night care and infant care; many alternatives to meet the diverse needs among communities.

4. Coordination of services at the state, regional and local levels to promote greater efficiency of existing services and to identify gaps in services.

5. Accessibility of services, focusing on connecting people with resources through transportation systems, mobile units, referrals, and alternative delivery systems. Parents should be an integral part of the flow of information both to and from the service provider. Services should be responsive to family needs through availability at appropriate locations, convenient hours, and prices or fees charged on a sliding scale basis (related to income). All services should be performed without shaming or discrediting potential clients.

TO WHOM?

The most pervasive attitude expressed was that services, particularly child care services, should be provided to all children regardless of family income. The criteria for selecting families should be based on need for the service rather than on income. The provision for a sliding fee scale was considered as one means of supporting these services to all children. Other participants felt that services first should be provided to specific categories of high risk children -- those with handicaps, those from low- or marginal-income families, those with working parents or parents in training, those from single-parent families, or those from emotionally unstable families.

# Summaries of Regional Forums on Early Childhood Development

# Longview Forum

**December 13, 1972**

Group discussions centered around specific needs related to children and their families, but the general feeling was that there were not enough services that actually reached the child.

GREATEST NEEDS INDICATED OR SERVICES WANTED:

1. Adequate health care was the most frequently expressed need. There should be more comprehensive health care, including referrals to social service programs, nutrition education, and a transportation system that makes these services accessible. Health care should be focused on prevention of illness.

2. "Coordination" was a key word linked to several areas of child and family services: a) information coordination about programs; b) coordination of all existing services on a local, regional and statewide basis; c) coordination of rules and regulations governing funding and operation of child and family programs; and d) coordination of child development activities from preschool through college (continuity of care, training, and expertise).

3. Education of parents, children in kindergarten through twelfth grade, and the general public is needed on all aspects of child development. Existing community resources which help parents better fulfill their roles should be more widely known. Pre-parent education should be required in school and have a family focus. Further education for parenting should be stressed by mass media and in community family life courses.

4. Training of care-givers and teachers on the basis of competency is imperative for producing staff with the ability to work with young children.

5. Quality child care (day care) near the home is needed for all families, but especially those with working mothers. Improved standards for day care centers and more stringent enforcement of those standards is essential for quality.

6. More funds are needed for services, especially to special categories of children such as the retarded and the handicapped.

PARENT OR PUBLIC RESPONSIBILITY?

--Family responsibility for the overall development and well-being of the child

--Public responsibility for providing information and coordinated, quality services to families who need them

PRIORITIES:

--Comprehensive health services which focus on prevention, with adequate follow-up

--Coordination of all services delivered to families

--Education for all in the child development process and intensive parenting education

--Better trained care-givers

--Expanded child care (day care) with an emphasis on in-home care

--Stringent enforcement of day care standards

--Effective planning to identify needs and develop ways to meet them effectively and efficiently

TO WHOM?

It was pointed out that needs cross all economic lines, but emphasis should be placed on aiding low-income and disadvantaged families, young parents, parents trying to better themselves (training and education), and one-parent families.

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# Mc Allen Forum

**February 14, 1973**

The general feeling of the participants was that care of young children should be carefully planned to meet the individual needs of each child and his family. There was a special emphasis on the bilingual needs in this region and the importance of developing a healthy self-concept in children.

GREATEST NEEDS INDICATED OR SERVICES WANTED:

1. We can strengthen the care and education of the preschool child by helping him develop healthy self-concepts, stimulating peer and teacher interaction, and emphasizing affective domain rather than cognitive. Curricula -- including activities designed to develop oral language and social skills -- should adjust to the individual needs of the child.

2. Early parent education and training in the art of parenting is lacking. This education should be individualized, including bilingual and bicultural training whenever appropriate. Teaching child development and parenting skills to present and potential parents would encourage them to become involved in their children's development. Parent self-help and discussion groups should be formed, and special emphasis should be placed on the status of parents (they should be held in high regard by the community.)

3. Bilingual and bicultural education of children and families need expansion, especially for those whose mother tongue is Spanish -- including migrants. Language development training should adjust to the individual child and should receive continuous attention.

4. Health services, especially preventive care and early screening, are in serious need of expansion. Malnutrition is common in this region of Texas. Expanded health services should include prenatal care, nutrition education, home health exams, treatment after diagnosis, and better trained health personnel. Providing services to isolated, rural areas is imperative.

5. Public agencies need better coordinated programs, more communication, improved methods of delivering services (facility location and hours should be suited to program clientele), and family involvement at all levels. Services should be provided with empathy, should assist the whole family, and should encourage self-initiative.

6. Child care (day care), including Head Start, needs expansion and should be based on need rather than on family income (it could be provided on a sliding fee scale basis). Child care staff training should be competency-based, and child care staff should receive higher salaries. The key to much of this is money.

PARENT OR PUBLIC RESPONSIBILITY?

It was felt that parents should be involved in all services provided to their children because at present the parents' wishes and feelings are often not considered in programs.

PRIORITIES:

--Expansion of health services, especially in the areas of nutrition, early screening, and treatment

--Expansion of parent education, involvement and awareness by using public schools and by training parent volunteers

--More trained personnel to work with children (all should be competent and licensed)

--More conprehensive child development programs with in-home emphasis

--Increased child care (day care) services to working mothers; better enforcement of child care regulations

TO WHOM?

It was the consensus that low-income families may need services the most, but services should be available to all (on a sliding fee scale if necessary).

MCALLEN FORUM PARTICIPANTS

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# El Paso Forum

**March 6, 1973**

The general feeling of the participants was that children have pressing, unmet needs that must be addressed, primarily through the family.

GREATEST NEEDS INDICATED OR SERVICES WANTED:

1. The need to inform, involve and educate parents in their role as parents. Formal parent education should be made available to all families. There should be comprehensive, flexible programs which meet the individual needs of each child and help establish healthy family relationships. These programs should cover health care, nutrition, assessment and detection of childhood problems, and awareness of the child development process. These programs should be required of potential parents in junior high and high school.

2. The need to eliminate poverty conditions surrounding children: inadequate clothing, poor housing, little or no medical care, poor nutrition, little food and inadequate transportation to needed services. This can be accomplished if information concerning assistance to families is more widely known, the eligibility expanded, and the barriers removed that keep services from children.

3. The expansion of services in health and nutrition. Coordination could eliminate duplication and overlapping. Providing transportation systems and locating programs wherever needs are greatest are essential for servicing rural areas and poor families.

4. Better services for the handicapped child. Present services could be more effective and efficient by establishing a centralized referral system.

5. The lack of quality child care (day care). Families deprived of child care because of financial difficulties can suffer many other problems. Quality training is necessary for all child care workers.

6. The replacing of small, categorical programs for children with more comprehensive and accessible programs -- for example, programs which include health, education, and child care (day care).

7. Need for bilingual training for Spanish-speaking children who lack English proficiency.

PARENT OR PUBLIC RESPONSIBILITY?

--Parents have responsibility for the overall development of the child. Parent involvement in programs is essential in the fulfillment of the parental role.

--Public responsibility was linked to providing for the greatest needs of the entire community, including the need for information. Prevention of child abuse is a mandatory public responsibility on behalf of the child.

PRIORITIES:

--Coordination of services with emphasis on a home-based approach; continuity between programs; integration of all categories of children (including handicapped and retarded) into single coordinated programs

--Better trained child care personnel who are given continuous in-service training

--Bilingual education for all children who need it, beginning at age three or younger

--Parent education with a strong focus on child development

--Expansion of services in areas of health, nutrition, medical screening, treatment, and follow-up care

TO WHOM?

While handicapped, poor children, and one-parent families have more acute needs, services should be available to all children and families on a voluntary basis.

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# Dallas Forum

**March 21, 1973**

The overriding concern of participants was the improvement of the quality and scope of services to children. Needs were expressed in a variety of areas. However, it was generally felt that coordination, communication, and cooperation were the most effective means of developing a sensitive and efficient system for delivering needed services to young children and their families.

GREATEST NEEDS INDICATED OR SERVICES WANTED:

1. Coordination, communication, and cooperation were expressed as great needs. There should be interagency coordination and cooperation to avoid gaps in some services and overlaps in others, as well as to deliver comprehensive services. More unified and coordinated services should be developed so that the whole family -- rather than its members being segregated by age groupings -- is served. All services should be variable and sensitive to individual needs and conditions. Communication is essential to the entire process: communication between agencies, between clientele, and between agencies and clientele, so that services may be coordinated, improved, and more directly linked to client needs.

2. Parent education was seen as essential. This need encompasses general parenting skills, child development, early childhood education, and recognition of health conditions and problems. Parent and pre-parent education can be taught in public schools beginning as early as the sixth grade. Adult parent education classes can be conducted in a wide variety of places (in child care [day care] centers, for example). Parent education and involvement should be a necessary component of all programs for children. Every community should be involved in this kind of effort.

3. In terms of existing services, the general and specialized care needs for emotionally disturbed, physically handicapped and mentally handicapped children were expressed as severe.

4. Expanded health and nutritional services were called for. Health screening, follow-up services, and nutritional services need expansion, especially in rural areas. The present health situation can be expressed as deficient in terms of preventive medicine; care for ill, newborn children; early identification of high risk children; and general availability of public health services.

6. Miscellaneous needs included better-trained and more competent child care-givers, transportation systems to connect children and families with services, the whole spectrum of family planning services including service agency coordination, community volunteer development, home-based and foster care services, alcoholism prevention, more social service workers, and citizen and community advocacy of early childhood and family services.

PARENT OR PUBLIC RESPONSIBILITY?

The participants expressed the general view that parents were responsible for imparting a sense of values to their children and for their growth and development in the home. Public responsibility was only for supplementing that role -- in the areas of parent education, service integration and coordination, parental involvement in service delivery -- and for informing parents and the community at large about available services.

PRIORITIES:

The three top priorities were: 1) parent education; 2) child care (especially for children of working mothers and low-income families, infants, emotionally disturbed children and mentally and physically handicapped children, and for children after school); and 3) service coordination and information.

Lesser but still strongly articulated priorities were: better-trained and more competent care-givers; transportation services; alternative methods of service delivery; home-based services, rural outreach services; better day care center licensing; and better preventive health services.

TO WHOM?

It was generally contended that services should be made available to children of low-income families, those of "near poor" families, and those of some middle-income families. Some participants preferred that services be available for emotionally disturbed, and mentally and physically handicapped children. Also, some participants felt that services specifically should go to the children of working parents and that perhaps service availability should be based on measures other than income alone, measures such as a family's lack of emotional stability.

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# Lubbock Forum

**April 4, 1973**

This forum had three primary concerns: 1) making better use of existing services through coordinated effort (thus avoiding an additional, unnecessary, bureaucratic superstructure), 2) expansion of child care services, particularly for special circumstances within the family, and 3) parent education.

GREATEST NEEDS INDICATED OR SERVICES WANTED:

1. Parent education should be included in the public school curriculum but also should be available to divorced and widowed mothers who are in special need. These parent education programs should offer information about the child's needs and developmental process and should emphasize the family and its culture without using a condescending attitude which says, "We really know how to teach you how to be a parent".

2. Interagency coordination, communication and cooperation are needed to serve young children and their families more efficiently and to increase the stability of the existing services. No additional state agency should be formed to complicate further the bureaucratic maze.

3. More health services are needed, particularly services such as medical screening and identification of high risk children, well-baby clinics, and psychological counseling. There should be additional, qualified medical staff who can deal with the young child and his parents. The addition of an organized case-finding method for the high risk child and a transportation system from rural areas to the appropriate facilities would improve the services and their effectiveness.

4. Child care (day care), including before- and after-school care and infant care, needs to be expanded to serve low-income and marginal low-income families and children of working parents. Along with the increase in child care, there should be an increase in the number of competent teachers and paraprofessionals in child care facilities.

5. Bilingual, bicultural education for young children in the Lubbock area is much needed.

PARENT OR PUBLIC RESPONSIBILITY?

Parents are primarily responsible for the child's development, particularly during infancy, but parents should have the concern and support of the public. The public should provide needed services, especially if the family cannot or will not, but the local area (not the state) should be responsible for planning these services. Local involvement will insure support and success of the program.

PRIORITIES:

Greater efficiency in using existing resources, including family life education through the public school system, had top priority. However, expansion of quality child care (day care), including before- and after-school care and infant care, was generally considered important in meeting the needs of families. Aid to parents was also seen as a priority because parents need to be involved in children's services, and they need emotional and service support in order to improve their role as parents.

TO WHOM?

Generally the services (especially child care) should be provided for children of working parents, one-parent families, and low and marginal low-income families. Parent education should be provided for all persons, especially high school and junior high school students.

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# Houston Forum

**April 25, 1973**

The consensus of this forum was that parents are the most important persons in a young child's life. Therefore, services for young children should respond to the needs of parents in relation to their children. The participants felt that parents should be the agents of change for improving the quality of services to children by pushing for increased public support for legislation and funding of programs for young children.

GREATEST NEEDS INDICATED OR SERVICES WANTED:

1. There is an overwhelming need for public information and education about young children -- the rights of children, the lack of quality care, the developmental needs of young children and the available services. This public information and education effort should be aimed particularly at parents because it is their role as child advocates that is uniquely persuasive to legislators considering public support of services for young children.

2. Parent education needs to be expanded in three ways: 1) to include more individuals who will be parents; 2) to include the dissemination of information about the many facets of prenatal and postnatal development; and 3) to improve the role of the parent in supporting the child in organized care arrangements.

3. Training programs for child care (day care) workers need to be improved and expanded so that the quality of child care can be improved without significantly increasing the cost of the care.

4. Child care (day care) should be expanded so that a variety of care situations are offered to meet the variety of needs (i.e., infant care, night care, after-school care). The child care programs should be expanded so they are available to all families, regardless of socio-economic status.

5. Health services need to provide for the early identification of high risk children so that complications can be avoided. All services should incorporate a transportation system to make the services available where they are needed.

6. Coordination at every level is needed in order to maximize funding and other resources (such as community volunteers), to provide more continuity in programs and to make services more accessible generally, especially to the rural population.

PARENT OR PUBLIC RESPONSIBILITY?

The parents' responsibility lies primarily in providing sound early childhood development opportunities at home or in becoming involved in their child's development opportunities outside the home. The public has the responsibility to provide information to parents, to support the most needed services (i.e., child care [day care] on a sliding fee scale), and for early identification of high risk children.

PRIORITIES:

Service coordination, communication and cooperation; parent education; child care (day care) personnel training; and expanded child care received the highest priorities. The emphasis on service efficiency and on parent and public education regarding service availability underscored the priority for getting services to the people who need them, when they need them, as in the case of early identification of high risk children.

TO WHOM?

The nature of the expressed needs and priorities indicated a general, rather than a limited and specific, target population, particularly with respect to child care (day care).

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Ms. Sara Norton, Director, School of the Woods, Houston
Ms. Virginia Oates, Teacher and Supervisor, Head Start, Livingston
Ms. Marie M. Oser, Volunteer, Cleet and Southwest Center for Urban Research, Houston
Ms. Ruth Paxton, Licensing Supervisor, Department of Public Welfare, Beaumont
Ms. Blanche Phillips, Teacher Educator, Home Economics, University of Houston, Houston
Mrs. Charles Piersol, Owner, Humpty Dumpty Nursery School, Houston
Ms. Betty Pinkerton, County Extension Agent, College Station
Ms. Viola Porter, Parent, Houston
Dr. Nancy H. Potts, Day Care Coordinator, Early Childhood Learning Center, Galveston
Ms. Mildred Putman, Project Chairman, Orange Community Action Agency, Orange
Ms. Nelna M. Randle, Counselor, Houston Independent School District, Houston
Ms. Bernice Rawls, Harris County Community Action Agency, Houston
Ms. Audrey Riley, Director, Baptist Day Care Center, Woodville
Ms. Stella Roberson, Head Start Regional Training Officer, Texas Southern University, Houston
Ms. Doris J. Roberts, Parent, Houston
Ms. Eva M. Roderick, President, Southeast Texas Association for the Education of Young Children, Port Neches
Ms. Beatrice Rubenstein, County Extension Agent, Bellville
Ms. Maxine L. Sager, County Extension Agent, Conroe
Ms. Frederica E. Seaman, County Extension Agent, Anahuac
Mrs. Carl Shafer, Head Start Coordinator, Community Action Agency, Bryan
Ms. Kathryn Sheeler, Nutritionist, Houston
Ms. Patricia M. Shell, Curriculum Director, Columbia-Brazoria Independent School District, West Columbia
C. G. Sivells, Jr., Superintendent, Wharton Independent School District, Wharton
Ms. Madeline Smith, Parent, Houston
Ms. Deborah Sourfers, Parent, Houston
Ms. Rachel M. Stafford, Director, Child Development, Harris County Community Action Agency, Houston
Dr. Ida Stewart, Assistant Professor, Education, University of Houston, Houston
Ms. Norma K. Stone, State Coordinating Committee, Texas Association for the Education of Young Children, Houston
Ms. Vi Sullivan, Chairman, Homemaking Department, Independent School District, Bay City
George C. Taulbee, Jr., President, A Children's Corner Schools, Inc., Houston

Ms. Joye H. Thorne, Director, Learning Disabilities, Aldine Independent School District, Houston

Ms. Birdell Truitt, Assistant Professor, Elementary Education, Texas Southern University, Houston

Ms. Pamela Viles, Licensing Specialist, Department of Public Welfare, Houston

Willis B. Vickery, Supervisor, Early Childhood Education, El Campo Independent School District, El Campo

Ms. Betty Waggoner, Parent, Houston

L. E. Walker, President, Harris County Licensed Child Care Association, Houston

Mrs. Edna Washington, Area VIII Chairman, Harris County Community Action Association, Baytown

Emmitt Welch, Parent, Houston

Jack M. White, Jr., Assistant Director, Agency Operations, United Fund, Houston

Horace A. Williams, Administrative Assistant to Representative George Leland, Houston

# Austin Forum

**June 6, 1973**

The general focus of this forum was that parents should be more interested in their children's development, should seek and have available more assistance in parenting skills, and should become more actively involved in their children's development outside the home. The benefit of focusing on the parent or potential parent, as in family living courses in the public schools, was seen as a preventive measure.

GREATEST NEEDS INDICATED OR SERVICES WANTED:

1. The need for parent education and participation in all aspects of their children's development is crucial. Parents should be given greater responsibility in the development and administration of all programs that affect their children, and they should be given incentives which encourage and reward their involvement. However, particularly in child care (day care) programs, parent education should complement, not compete with, the parent-child relationship.

2. Public education and information needs are great. Parents and the general community should organize an advocacy or pressure group to force legislators and businesses to address issues such as child care (infant care, after-school care, 24-hour care), employment fringe benefits (additional sick leave for child illnesses and maternity leave for female employees), dental care, expansion of quality child care (day care) programs, and competent child care personnel.

3. Coordination is needed among the many services to young children and their families; however, any state plan needs to incorporate certain features: 1) flexibility; 2) full service coordination, a system that can respond to the needs of the family and support the dignity of the individual (scheduling and delivery should be for the convenience of employed parents, and "assembly line" handling of clients should be prohibited); and 3) clear delineation of roles and responsibilities of various programs.

4. Quality child care (day care) is scarce even though many children must be in child care programs because their mothers work. Quality can be achieved through stricter enforcement of existing standards and improved training and expansion of child care personnel.

5. Retarded, physically handicapped and emotionally disturbed children need child care to supplement parental care. Other needs include earlier identification of these handicaps,

campaigning to change the stigma that society attaches to handicaps, and earlier identification of families who are high risks for bearing children with special needs. Also, screening measures need to be improved and expanded.

6. Nutrition and health education, particularly preventive medicine, are important services, especially as they pertain to the young child.

PARENT OR PUBLIC RESPONSIBILITY?

Although parents have the ultimate responsibility for their children and should not deny that responsibility, the public has a responsibility to assist parents, in timely and responsive ways, in their parenting roles. Also, businesses which benefit from the female work force have a responsibility to provide care for children of their female employees.

PRIORITIES:

The major emphasis was on prevention of problems before they occur. A total prevention program would attend to parent and pre-parent education, to health, nutrition and screening, and to diagnosis and treatment of present and potentially damaging conditions. Divergent terminology was seen as a stumbling block in meeting the needs of young children. One discussion group suggested choosing one thing to do for children, and doing it well.

TO WHOM?

Participants said the needs for services cut across class and income lines; therefore, services should respond to needs rather than to groups with specific characteristics. However, some participants qualified this by suggesting that services by provided to disadvantaged families first or to all families on a sliding fee scale.

AUSTIN FORUM PARTICIPANTS

Ms. Alice Jane Allen, Head Start Coordinator, Community Action Agency, San Saba
Ms. Frances Allen, Teacher-Coordinator, Austin Independent School District, Austin
Mrs. La Rue D. Allison, Supervisor, Homemaking, Austin Independent School District, Austin
Darvin Altenhoff, Elementary Principal, New Braunfels
Ms. Susie S. Beistle, Casework Supervisor, Child Care Licensing, Department of Public Welfare, San Antonio
Ms. Bertha E. Berge, Kindergarten Teacher, Del Rio
Ms. Doris Bethel, Director, Baptist Kindergarten, Austin
Dr. Dorothy Bohac, Director, Staff Development, Mental Health and Mental Retardation, Austin
Ms. Janie B. Boyd, Vice Chairman, Central Texas Association for the Education of Young Children, Brownwood
Ms. Anna Brodie, Elementary Principal, Temple
Joe P. Brown, Assistant to Superintendent, Special Programs, Del Rio
Ms. Gayle Browne, Research Associate, Home Economics, University of Texas, Austin
Ms. Lucinda Brunson, County Extension Agent, San Antonio
Ms. Elnora R. Bryant, County Extension Agent, Bastrop
Ms. Vern Buddecke, Owner-Director, Gingerbread House, Austin
Ms. Ruth B. Burleson, Project Director, Head Start, Community Action Agency, Georgetown
Ms. Judy Castleberry, Educational Consultant, Region XX Education Service Center, San Antonio
Ms. Johnnie M. Cavanaugh, Teacher, Govalle Elementary School, Austin
Ms. Marion Coffee, Kindergarten Teacher, Bryker Woods, Austin
Ms. Billie Chapman, Executive Director, Vocational Homemaking Teacher Association, Austin
Ms. May Bell Clark, Director, Montopolis Child Development Center, Austin
Albert Crawford, Mayor, Smithville
Ms. Judy Dedeck, County Extension Agent, Georgetown
Ms. Pat Dillard, Head Teacher, Good Shepherd School, Austin
Sam C. Dominguez, Social Service Planner, Model Cities, San Antonio
Ms. Jean English, Day School Director, Austin
W. H. Fredrikson, Educational Consultant, Marlin
Dr. Joe Frost, Associate Professor, Curriculum and Instruction, University of Texas, Austin
Ms. Cheryl Fuller, Administrative Assistant, Texas Association for Mental Health, Austin
Ms. Annabel Cage, Director, Faith Presbyterian Kindergarten, Austin
John C. Gelner, Cameron Day Care Center, Cameron
Ms. Lucille Gelner, Administrator, Cameron Day Care Center, Cameron
Dr. Elizabeth Gentry, Deputy Director, Austin-Travis County Health Department, Austin

AUSTIN FORUM PARTICIPANTS (continued)

Ms. Irene O. Griffin, Director, Belton REACH Child Development Center, Belton
Fernando A. Guerra, M.D., Pediatrician, Children's Diagnostic Clinic, San Antonio
Ms. Lucile Hampton, Director, Marlin Neighborhood Center, Marlin
Lanny Henninger, Minister, Austin
J. Scott Highley, Social Service Coordinator, Model Cities, San Antonio
Donald E. Hood, Director, Austin Office, Educational Testing, Austin
Paul J. Imig, Executive Director, Community Coordinated Child Care (4-C) San Antonio
Ms. Jean Isaac, Director, Brentwood Christian School, Austin
Ms. Inez C. Jeffery, Director, Private School, Austin
Ms. Ethel M. Kutac, Training Specialist, University of Texas, Austin
Ms. Betty Larson, Instructor, Child Development, San Antonio College, San Antonio
Ms. Suzy Lindeman, Coordinator, Community Participation, Austin Independent School District, Austin
Ms. Nancy Lockhoof, County Extension Agent, Austin
Ms. Florine Lynch, Teacher, Austin Independent School District, Austin
Ms. Gloria Manos, Licensing Supervisor, Department of Public Welfare, Austin
Ms. Nancy McWright, Director, Baptist Nursery, Austin
Ms. Margaret Miller, Migrant Consultant, Region XIII Education Service Center, Austin
Ms. Susan B. Mills, Executive Director, Austin Community Nursery School, Austin
Ms. Angie Montalvo, Program Director, Child Developmental Unit, Bexar County, Mental Health and Mental Retardation, San Antonio
Ms. Louise Munt, Caseworker, Commission for the Blind, Austin
Ms. Florence Neal, Teacher, Austin Independent School District, Austin
Dr. Shari Nedler, Director, Early Childhood Program, Southwest Educational Development Laboratory, Austin
Dr. Winna Gene Nelson, Assistant Professor, University of Texas, Austin
Ms. Rachel B. Neumann, Consultant, Early Childhood Education, San Antonio
Ms. Jeanine Neuse, Director, Child Development Laboratory, Austin
Dr. R. Tim Nicosia, Assistant Professor, Education, Southwest Texas State University, San Marcos
Sam A. Nixon, M.D., Acting Director, Wilson County Health Department, Floresville
Ms. Norma J. Oefinger, Migrant and Preschool Consultant, Region XIII Education Service Center, Austin

Ms. June Oliver, Program Director, Social Services, Regional Department of Public Welfare, Austin
Ms. Barbara S. Pahlka, State Coordinator, International Childbirth Education Association, Austin
Joe T. Parks, Supervisor, Brown Schools, San Marcos
Ms. Alta M. Placke, County Extension Agent, San Antonio
Dr. Santos Reyes, Jr., Assistant Professor, University of Texas School of Social Work, Austin
Dr. Phyllis Richards, Professor, Child Development, University of Texas, Austin
Ms. Lucille Rochs, Chairman, Education and Child Development, San Antonio College, San Antonio
Ms. Linda Ruhmann, President, San Antonio Association for the Education of Young Children, San Antonio
Ms. Doris W. Sanders, Homemaking Teacher, Austin Independent School District, Austin
W. E. Smith, Assistant Executive Director, Permian Basin Council of Governments, Midland
Ms. Diana Spiser, Licensing Specialist, Travis County Department of Public Welfare, Austin
Mrs. David Steinbach, Director, Little Red School House, Austin
Ms. Virginia Stone, Association for Childhood Education International Newsletter, San Antonio
James Strickland, Executive Director, Child Inc., Austin
Beverly Sutton, M.D., Chief, Child Psychiatry, Mental Health and Mental Retardation, Austin
Ms. Dorothy Taylor, Specialist, Family Life Education, County Extension Service, Texas A&M University, College Station
Ms. Pauline Teague, Director, Allen Child Development Center, Austin
Ms. Betty Thomas, Director, Children's Center, University Presbyterian Church, San Antonio
Ms. Bobbe Thiessen, Child Development Specialist, Department of Public Welfare, Austin
Ms. Patricia Todd, Early Childhood, San Felipe-Del Rio Independent School District, Del Rio
Ms. Otilia V. Vidaurri, Director, Special Education, Edgewood Independent School District, San Antonio
Ms. Virgie Lee Washington, Supervisor, Mount Zion Nursery, Austin
Ms. Elaine Weaver, Kindergarten Teacher, Austin
Ms. Mary Wieser, Coordinator, Community Relations, Central Texas Council of Governments, Belton
Ms. Jane Wells, Member, State Board of Education, Austin
Ms. Pauline White, Program Analysis Division, Allen Child Development Center, Austin
Ms. Carol Wilder, Coordinator, Family Resources Unit, Bexar County, Mental Health and Mental Retardation, San Antonio
Ms. Elaine Williams, Social Worker, Child Inc., Austin
Eugene Williams, Administrator, Bell County Mental Health and Mental Retardation, Temple

AUSTIN FORUM PARTICIPANTS (continued)

Ms. Laura Williams, Consultant, Region XIII Education Service Center, Austin
Bob Williamson, Owner, Rabbit Hill Kindergarten, Georgetown
F. G. Wittenburg, Jr., Executive Director, Hill Country Community Action Agency, San Saba
Ms. Barbara Wofford, Homemaking Consultant, North East Independent School District, San Antonio
Ms. Rosalie Wyatt, Teacher, Austin Independent School District, Austin
Ms. Julia Young, Consultant, Visually Handicapped Children, Commission for the Blind, Austin

# Survey of Forum Participants

The Office of Early Childhood Development asked regional forum participants to complete a questionnaire, in addition to discussing key issues. The purpose of the questionnaire was to probe the opinions and concerns of forum participants on a number of points which must be considered in the formulation of a state plan for early childhood development in Texas.

The questionnaire was divided into three parts. The first was designed to collect attitudes and opinions about the philosophy, efficacy, and priority of early childhood development activities. The second part was directed toward discovering priorities within and among the areas of health, education, housing and neighborhood environment, and care and supervision--as they affect young children. The third part was intended to identify greatest needs in various communities as well as to rate existing services.

A brief compilation of questionnaire results follows in this section.* The results of each question are listed on a separate page. "All Respondents" and various subcategories head the rows (horizontal), and respective responses are listed in columns (vertical). The number of completed questionnaires by categories is as follows: all respondents (636); all female respondents (414); all male respondents (207)**; all respondents under 30 years of age (90); all respondents 30 years of age or older (522); all respondents with annual incomes of less than $5,000 (39); all respondents with incomes over $10,000 (434); all respondents from urban counties-- counties with nonrural populations of 80 percent or higher (389); all respondents from non-urban counties-- counties with nonrural populations of less than 80 percent (247); all respondents who classified their

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* A detailed presentation of these data, entitled Regional Forums on Early Childhood Development in Texas: A Statistical Analysis of Attitudes, Priorities, and Program Considerations, is in preparation and will shortly be available upon request from OECD.

** Fifteen respondents failed to classify their gender. Thus, male and female responses total fifteen less than "All Respondents."

occupation as "parent"* (17); all child care and child development personnel (69); all college or university faculty members (37); all social work administrators (14); and all social workers (54).

Because of space limitations, only percentages of responses are included in the tables. When ranking was requested as a response, the scores of each subcategory were determined by assigning points to each ranking and totaling. Many compiled scores were extremely close to one another; in these cases, an asterisk denotes scores that are within 5 percent of one another.

RESULTS:

The first six questions of the questionnaire probed attitudes concerning crucial issues of early childhood development programming and policy. Questions 1 and 2 stressed primary family responsibilities for providing adequate health, education, and care of their young children, and a supplemental role of society for assisting families unable to provide these elements. These questions met with over 95 and 90 percent agreement or strong agreement, respectively. Questions 3 and 4 emphasized service availability irrespective of family income and compulsory special program attendance for severely mentally or physically handicapped children; each had nearly 70 percent agreement or strong agreement. Questions 5 and 6 affirmed the positive effect of early childhood programming, especially when parents are actively involved; each resulted in over 96 percent agreement or strong agreement.

In Question 7, out of seven choices, over 66 percent of all respondents considered "better opportunities for a successful life" for young children as the greatest benefit of early childhood services.

Question 8 elicited strong support for service coordination. Over 38 percent of respondents favored early childhood service coordination through a statewide system, while 48 percent favored coordination at the community level, depending upon local leadership and support. It is most significant that less than 1 percent of all respondents favored each agency delivering its own services, in its own way.

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* Over 95 percent of all forum participants--professionals, community leaders, interested citizens-- were parents. The largest single category of invitees to forums were parents specifically (e.g., parent representatives to 4-C's, Head Start parents, other parent boards or representatives to boards). These 17 people classified themselves as parents by occupation, although many others classified their occupations as "volunteer", "secretary", "bookkeeper", "unemployed", and so forth.

In response to Questions 9 and 10, 92 percent believed that early childhood services are worth or well worth their expense, and 85 percent said that early childhood should receive a high or top priority in the allocation of public resources.

In the priority rankings of Questions 11-16, four general areas and six elements within each area were listed. Preferences shown were for: 1) Health, with general prenatal care and maternal nutrition before birth receiving priority; 2) Care and Supervision, with loving and supportive parents and interested family members receiving priority; 3) Education, with a happy and stimulating family life and learning experiences at home receiving priority; and 4) Housing and Neighborhood Environment, without a clear-cut priority of elements within it.

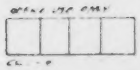
Questions 17, 19, and 21 asked respondents for the greatest needs in their communities. Proper nutrition (health), education for parenting (education), and families who are loving and supportive (care and supervision) were the top three needs listed.

Questions 18, 20, and 22 asked for views on the adequacy and extensiveness of present services in the respondents' communities. There were indications of dissatisfaction with the adequacy of services in general. In addition, there was an overwhelming belief that services in the health, education, and care and supervision areas were not extensive enough.

The use of this forum participant questionnaire helped gather concerns and priorities from people from across the State of Texas. This information will prove very useful in formulating a state plan to efficiently and effectively meet the needs of young Texans.

# EARLY CHILDHOOD DEVELOPMENT IN TEXAS

In planning for young children (children under the age of six) and their families in Texas, the Office of Early Childhood Development wants to listen to your opinions and concerns. Some of the following questions represent very difficult choices, especially in setting priorities. Given limited public resources, however, decisions must be made on these questions. Please help us in this process by completing the following survey. We appreciate your assistance.



1. "The family has the primary responsibility and the rest of society has a supplemental responsibility for providing adequate health, education, and care of young children."

   1. ☐ strongly agree
   2. ☐ agree
   3. ☐ disagree
   4. ☐ strongly disagree
   5. ☐ have no opinion

2. "Society has a responsibility for guaranteeing adequate health, education, and care of young children by providing additional resources to their families, as needed."

   1. ☐ strongly agree
   2. ☐ agree
   3. ☐ disagree
   4. ☐ strongly disagree
   5. ☐ have no opinion

3. "Publicly-financed services should be available to all young children regardless of the condition of their families (i.e., rich or poor, stable or unstable, well or sick)."

   1. ☐ strongly agree
   2. ☐ agree
   3. ☐ disagree
   4. ☐ strongly disagree
   5. ☐ have no opinion

4. "It should be compulsory for a family with a severely mentally or physically handicapped child to enroll that child in a publicly-financed special program, or to obtain competent private professional help, if they so desire."

   1. ☐ strongly agree
   2. ☐ agree
   3. ☐ disagree
   4. ☐ strongly disagree
   5. ☐ have no opinion

5. "The effectiveness of services to young children will be enhanced by the active involvement of their parents."

   1. ☐ strongly agree
   2. ☐ agree
   3. ☐ disagree
   4. ☐ strongly disagree
   5. ☐ have no opinion

6. "Services that supplement the family effort can make a difference in the opportunities that young children will have in the future."

   1. ☐ strongly agree
   2. ☐ agree
   3. ☐ disagree
   4. ☐ strongly disagree
   5. ☐ have no opinion

7. What is the greatest benefit of early childhood services in general? (Select only ONE.)

   1. ☐ happier children
   2. ☐ happier parents
   3. ☐ better opportunities for a successful life
   4. ☐ better health
   5. ☐ improved chances of doing well in school
   6. ☐ improved opportunities for parents (i.e., employment, training)
   7. ☐ other: _____

8. Early childhood services can be most effective if (Select only ONE.)

   1. ☐ they are coordinated through a statewide system.
   2. ☐ they are delivered through the public school system.
   3. ☐ each state agency provides its own services, in its own way.
   4. ☐ they are coordinated at the community level--county, city, or neighborhood--wherever leadership arises.

9. Considering their effect on young children, early childhood services are generally. . .

   1. ☐ well worth the expense.
   2. ☐ worth the expense.
   3. ☐ too expensive.
   4. ☐ much too expensive.

10. In terms of priorities for available public revenue, how important are services for young children?

    1. ☐ top priority
    2. ☐ high priority
    3. ☐ middle priority
    4. ☐ low priority
    5. ☐ lowest priority

11. Of the following elements in a young child's life, number from 1 to 4, in importance (1=most important, 4=least important).

    ☐ health--child's and mother's
    ☐ education--child's and parents'
    ☐ housing and neighborhood environment
    ☐ care and supervision

12. Of the following health elements in a young child's development, number from 1 to 6 in importance (1=most important, 6=least important).

    ☐ general prenatal care
    ☐ immunization of the child
    ☐ nutrition of the mother before birth
    ☐ nutrition of the child during early years
    ☐ physician check-ups and treatment of the child during the early years
    ☐ examination of the child, to determine health or learning problems, together with follow-up services

13. Of the following educational elements in a young child's development, number from 1 to 6 in importance (1=most important, 6=least important).

- ___ special educational opportunities if the young child is mentally or physically handicapped
- ___ bilingual, bicultural experiences and exposure
- ___ learning experiences at home
- ___ a happy, stimulating family life
- ___ well-trained teachers, at the kindergarten level and below
- ___ enriched experiences in a planned program

14. Of the following elements of housing and neighborhood environment in a young child's development, number from 1 to 6 in importance (1=most important, 6=least important).

- ___ warm, dry housing
- ___ housing free of insects and rats
- ___ safe air and water
- ___ housing free of hazards (i.e., peeling paint, faulty wiring, broken steps)
- ___ safe streets and traffic
- ___ uncrowded housing

15. Of the following care and supervision elements on a young child's development, number from 1 to 6 in importance (1=most important, 6=least important).

- ___ supervision, to safeguard against accidents
- ___ loving, supportive parents
- ___ interested family members
- ___ other children to play with
- ___ broad experiences in the community
- ___ trained and competent caretakers

16. Of the following elements in a young child's life, number from 1 to 4 in importance (1=most important, 4=least important)

- ___ immunization of the young child
- ___ well-trained teachers, at the kindergarten level and below
- ___ housing free of insects and rats
- ___ supervision, to safeguard against accidents

17. What is the greatest health need for pregnant women and young children in your community? (Select only ONE.)

1. ___ control of infectious diseases
2. ___ proper nutrition
3. ___ proper shelter (including housing and clothing)
4. ___ periodic contact with and examination by medical personnel
5. ___ other: _____

18. How are present health services for pregnant women and young children in your community?

1. ___ adequate and extensive enough
2. ___ adequate but not extensive enough
3. ___ inadequate but extensive enough
4. ___ inadequate and not extensive enough
5. ___ do not know

19. What is the greatest educational need for young children and their parents in your community? (Select only ONE.)

1. ___ bilingual education
2. ___ education for parenting
3. ___ teaching young children to read
4. ___ well-trained, competent teachers
5. ___ other: _____

20. How are present educational services for young children and their parents in your community?

1. ___ adequate and extensive enough
2. ___ adequate but not extensive enough
3. ___ inadequate but extensive enough
4. ___ inadequate and not extensive enough
5. ___ do not know

21. What is the greatest care and supervision need for young children in your community? (Select only ONE.)

1. ___ day care for the children of working mothers
2. ___ before and after school care for children of working parents
3. ___ trained and competent caretakers
4. ___ families that are loving and supportive of the child
5. ___ other: _____

22. How are present care and supervision services for young children in your community?

1. ___ adequate and extensive enough
2. ___ adequate but not extensive enough
3. ___ inadequate but extensive enough
4. ___ inadequate and not extensive enough
5. ___ do not know

23. What is your occupation? DO NOT USE

_____

24. In what county do you live? DO NOT USE

_____

25. Your age? _____

26. Circle one:
1. Male 2. Female

27. Please check appropriate box:

1. ___ under $5000 annual income
2. ___ $5000 to $10,000 annual income
3. ___ over $10,000 annual income

28. If you had a limited amount of money for every child under the age of six in your community, say $100, what would you do to best improve the quality of life in general for young children?

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| 24-42 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43-61 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62-80 | | | | | | | | | | | | | | | | | | | | | | | | | |

QUESTION #1 - "The family has the primary responsibility and the rest of society has a supplemental responsibility for providing adequate health, education, and care of young children."

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Have No Opinion | No Response |
|---|---|---|---|---|---|---|
| All Respondents | 60.8% | 34.9% | 2.8% | .9% | .2% | .3% |
| All Females | 63.0% | 32.9% | 2.9% | .7% | 0% | .5% |
| All Males | 56.0% | 39.1% | 2.9% | 1.4% | .5% | 0% |
| All Under 30 | 53.3% | 44.4% | 2.2% | 0% | 0% | 0% |
| All 30 and Over | 61.9% | 33.3% | 3.1% | 1.1% | .2% | .4% |
| All Under $5,000 | 51.3% | 48.7% | 0% | 0% | 0% | 0% |
| $5,000 to $10,000 | 66.2% | 28.2% | 2.1% | 2.8% | 0% | .7% |
| Over $10,000 | 60.4% | 35.5% | 3.2% | .5% | .2% | .2% |
| Urban Counties | 61.4% | 33.4% | 3.1% | 1.5% | .3% | .3% |
| Non-urban Counties | 59.9% | 37.2% | 2.4% | 0% | 0% | .4% |
| Parents | 64.7% | 29.4% | 0% | 0% | 0% | 5.9% |
| Child Care and CD | 59.4% | 34.8% | 4.3% | 1.4% | 0% | 0% |
| College/University | 67.6% | 32.4% | 0% | 0% | 0% | 0% |
| County Extension Ag. | 56.7% | 43.3% | 0% | 0% | 0% | 0% |
| Elected Official | 83.3% | 16.7% | 0% | 0% | 0% | 0% |
| Health Admin. | 55.6% | 33.3% | 11.1% | 0% | 0% | 0% |
| Medical Doctor | 57.7% | 38.5% | 3.8% | 0% | 0% | 0% |
| Mental Health | 48.3% | 51.7% | 0% | 0% | 0% | 0% |
| Pub. School Admin. | 59.4% | 37.7% | 2.9% | 0% | 0% | 0% |
| Pub. School Teacher | 78.4% | 21.6% | 0% | 0% | 0% | 0% |
| Social Work Admin. | 50.0% | 35.7% | 14.3% | 0% | 0% | 0% |
| Social Worker | 51.9% | 42.6% | 5.6% | 0% | 0% | 0% |

QUESTION #2 - "Society has a responsibility for guaranteeing adequate health, education, and care of young children by providing additional resources to their families, as needed."

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Have No Opinion | No Response |
|---|---|---|---|---|---|---|
| All Respondents | 47.3% | 43.2% | 6.8% | 1.6% | .3% | .8% |
| All Females | 51.2% | 38.6% | 7.5% | 1.7% | .5% | .5% |
| All Males | 41.1% | 52.2% | 4.8% | .5% | 0% | 1.4% |
| All Under 30 | 56.7% | 32.2% | 8.9% | 2.2% | 0% | 0% |
| All 30 and Over | 45.8% | 45.4% | 6.3% | 1.1% | .4% | 1.0% |
| All Under $5,000 | 53.8% | 35.9% | 5.1% | 2.6% | 0% | 2.6% |
| $5,000 to $10,000 | 50.7% | 34.5% | 11.3% | 2.1% | .7% | .7% |
| Over $10,000 | 46.8% | 46.5% | 5.1% | .9% | .2% | .5% |
| Urban Counties | 51.2% | 39.8% | 6.7% | 1.0% | .3% | 1.0% |
| Non-urban Counties | 41.3% | 48.6% | 6.9% | 2.4% | .4% | .4% |
| Parents | 47.1% | 29.4% | 23.5% | 0% | 0% | 0% |
| Child Care and CD | 52.2% | 37.7% | 8.7% | 1.4% | 0% | 0% |
| College/University | 56.8% | 40.5% | 2.7% | 0% | 0% | 0% |
| County Extension Ag. | 10.0% | 70.0% | 16.7% | 3.3% | 0% | 0% |
| Elected Official | 16.7% | 66.7% | 0% | 0% | 0% | 16.7% |
| Health Admin. | 44.4% | 44.4% | 11.1% | 0% | 0% | 0% |
| Medical Doctor | 34.6% | 57.7% | 7.7% | 0% | 0% | 0% |
| Mental Health | 34.5% | 55.2% | 3.4% | 3.4% | 0% | 3.4% |
| Pub. School Admin. | 34.8% | 63.8% | 1.4% | 0% | 0% | 0% |
| Pub. School Teacher | 52.6% | 39.2% | 3.1% | 4.1% | 1.0% | 0% |
| Social Work Admin. | 57.1% | 42.9% | 0% | 0% | 0% | 0% |
| Social Worker | 70.4% | 25.9% | 3.7% | 0% | 0% | 0% |

QUESTION #3 - "Publicly-financed services should be available to all young children regardless of the condition of their families (i.e., rich or poor, stable or unstable, well or sick)."

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Have No Opinion | No Response |
|---|---|---|---|---|---|---|
| All Respondents | 35.2% | 34.1% | 20.1% | 8.8% | 1.3% | .5% |
| All Females | 34.3% | 33.1% | 21.3% | 9.7% | 1.4% | .2% |
| All Males | 35.3% | 37.7% | 19.3% | 5.8% | 1.0% | 1.0% |
| All Under 30 | 36.7% | 37.8% | 17.8% | 5.6% | 2.2% | 0% |
| All 30 and Over | 34.5% | 34.1% | 21.3% | 8.8% | .8% | .6% |
| All Under $5,000 | 43.6% | 23.1% | 20.5% | 10.3% | 2.6% | 0% |
| $5,000 to $10,000 | 31.7% | 39.4% | 18.3% | 9.2% | 1.4% | 0% |
| Over $10,000 | 35.9% | 33.6% | 21.0% | 8.1% | 1.2% | .2% |
| Urban Counties | 36.5% | 33.4% | 19.8% | 8.0% | 2.1% | .3% |
| Non-urban Counties | 33.2% | 35.2% | 20.6% | 10.1% | 0% | .8% |
| Parents | 35.3% | 47.1% | 11.8% | 5.9% | 0% | 0% |
| Child Care and CD | 34.8% | 26.1% | 26.1% | 11.6% | 0% | 1.4% |
| College/University | 37.8% | 29.7% | 29.7% | 2.7% | 0% | 0% |
| County Extension Ag. | 40.0% | 30.0% | 23.3% | 6.7% | 0% | 0% |
| Elected Official | 16.7% | 50.0% | 16.7% | 0% | 0% | 16.7% |
| Health Admin. | 22.2% | 44.4% | 11.1% | 22.2% | 0% | 0% |
| Medical Doctor | 34.6% | 34.6% | 15.4% | 15.4% | 0% | 0% |
| Mental Health | 34.5% | 27.6% | 20.7% | 10.3% | 6.9% | 0% |
| Pub. School Admin. | 37.7% | 30.4% | 21.7% | 10.1% | 0% | 0% |
| Pub. School Teacher | 36.1% | 33.0% | 18.6% | 9.3% | 3.1% | 0% |
| Social Work Admin. | 35.7% | 35.7% | 21.4% | 7.1% | 0% | 0% |
| Social Worker | 38.9% | 40.7% | 13.0% | 5.6% | 1.9% | 0% |

QUESTION #4 - "It should be compulsory for a family with a severely mentally or physically handicapped child to enroll that child in a publicly-financed special program, or to obtain competent private professional help, if they so desire."

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Have No Opinion | No Response |
|---|---|---|---|---|---|---|
| All Respondents | 35.2% | 34.1% | 20.1% | 8.8% | 1.3% | .5% |
| All Females | 36.0% | 33.8% | 22.2% | 4.8% | .7% | 2.4% |
| All Males | 33.3% | 32.4% | 18.8% | 7.7% | 4.8% | 2.9% |
| All Under 30 | 31.1% | 32.2% | 27.8% | 4.4% | 1.1% | 3.3% |
| All 30 and Over | 35.6% | 34.3% | 19.7% | 5.9% | 2.1% | 2.3% |
| All Under $5,000 | 46.2% | 25.6% | 17.9% | 7.7% | 0% | 2.6% |
| $5,000 to $10,000 | 38.7% | 35.9% | 19.0% | 4.2% | 1.4% | .7% |
| Over $10,000 | 33.2% | 33.2% | 22.4% | 5.8% | 2.5% | 3.0% |
| Urban Counties | 34.4% | 31.4% | 23.4% | 5.9% | 2.1% | 2.8% |
| Non-urban Counties | 36.0% | 36.0% | 17.0% | 6.5% | 2.0% | 2.4% |
| Parents | 23.5% | 29.4% | 47.1% | 0% | 0% | 0% |
| Child Care and CD | 40.6% | 34.8% | 18.8% | 4.3% | 0% | 1.4% |
| College/University | 27.0% | 32.4% | 21.6% | 13.5% | 2.7% | 2.7% |
| County Extension Ag. | 30.0% | 40.0% | 26.7% | 3.3% | 0% | 0% |
| Elected Official | 50.0% | 33.3% | 0% | 0% | 0% | 16.7% |
| Health Admin. | 22.2% | 44.4% | 22.2% | 11.1% | 0% | 0% |
| Medical Doctor | 19.2% | 26.9% | 42.3% | 3.8% | 7.7% | 0% |
| Mental Health | 24.1% | 48.3% | 13.8% | 3.4% | 10.3% | 0% |
| Pub. School Admin. | 42.0% | 30.4% | 21.7% | 1.5% | 0% | 4.4% |
| Pub. School Teacher | 36.1% | 30.9% | 19.6% | 9.3% | 1.0% | 3.1% |
| Social Work Admin. | 42.9% | 21.4% | 28.6% | 0% | 0% | 7.1% |
| Social Worker | 31.5% | 37.0% | 24.1% | 5.6% | 0% | 1.9% |

QUESTION #5 - "The effectiveness of services to young children will be enhanced by the active involvement of their parents."

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Have No Opinion | No Response |
|---|---|---|---|---|---|---|
| All Respondents | 80.0% | 18.1% | .6% | .2% | .6% | .5% |
| All Females | 80.7% | 17.1% | 1.0% | 0% | .7% | .5% |
| All Males | 79.7% | 19.3% | 0% | .5% | 0% | .5% |
| All Under 30 | 78.9% | 21.1% | 0% | 0% | 0% | 0% |
| All 30 and Over | 81.0% | 16.9% | .8% | .2% | .6% | .6% |
| All Under $5,000 | 64.1% | 33.3% | 0% | 0% | 2.6% | 0% |
| $5,000 to $10,000 | 78.9% | 16.9% | 2.1% | 0% | .7% | 1.4% |
| Over $10,000 | 82.9% | 16.4% | .2% | .2% | .2% | 0% |
| Urban Counties | 82.0% | 16.5% | .5% | 0% | .5% | .5% |
| Non-urban Counties | 76.9% | 20.6% | .8% | .4% | .8% | .4% |
| Parents | 100.0% | 0% | 0% | 0% | 0% | 0% |
| Child Care and CD | 79.7% | 15.9% | 4.3% | 0% | 0% | 0% |
| College/University | 86.5% | 13.5% | 0% | 0% | 0% | 0% |
| County Extension Ag. | 83.3% | 16.7% | 0% | 0% | 0% | 0% |
| Elected Official | 83.3% | 16.7% | 0% | 0% | 0% | 0% |
| Health Admin. | 55.6% | 44.4% | 0% | 0% | 0% | 0% |
| Medical Doctor | 65.4% | 34.6% | 0% | 0% | 0% | 0% |
| Mental Health | 89.7% | 3.4% | 0% | 0% | 6.9% | 0% |
| Pub. School Admin. | 82.6% | 17.4% | 0% | 0% | 0% | 0% |
| Pub. School Teacher | 80.4% | 17.5% | 0% | 0% | 1.0% | 1.0% |
| Social Work Admin. | 85.7% | 14.3% | 0% | 0% | 0% | 0% |
| Social Worker | 81.5% | 16.7% | 0% | 0% | 0% | 1.9% |

QUESTION #6 - "Services that supplement the family effort can make a difference in the opportunities that young children will have in the future."

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Have No Opinion | No Response |
|---|---|---|---|---|---|---|
| All Respondents | 66.4% | 30.2% | 1.9% | .2% | .9% | .5% |
| All Females | 65.5% | 30.2% | 2.4% | .2% | 1.0% | .7% |
| All Males | 68.1% | 30.0% | 1.0% | 0% | 1.0% | 0% |
| All Under 30 | 66.7% | 30.0% | 3.3% | 0% | 0% | 0% |
| All 30 and Over | 66.3% | 30.5% | 1.7% | .2% | 1.0% | .4% |
| All Under $5,000 | 61.5% | 30.8% | 5.1% | 2.6% | 0% | 0% |
| $5,000 to $10,000 | 65.5% | 32.4% | 1.4% | 0% | 0% | .7% |
| Over $10,000 | 68.2% | 28.8% | 1.8% | 0% | .9% | .2% |
| Urban Counties | 70.2% | 27.0% | 1.5% | .3% | .8% | .3% |
| Non-urban Counties | 60.3% | 35.2% | 2.4% | 0% | 1.2% | .8% |
| Parents | 70.6% | 29.4% | 0% | 0% | 0% | 0% |
| Child Care and CD | 60.9% | 33.3% | 1.4% | 1.4% | 1.4% | 1.4% |
| College/University | 73.0% | 27.0% | 0% | 0% | 0% | 0% |
| County Extension Ag. | 53.3% | 40.0% | 6.7% | 0% | 0% | 0% |
| Elected Official | 83.3% | 16.7% | 0% | 0% | 0% | 0% |
| Health Admin. | 55.6% | 44.4% | 0% | 0% | 0% | 0% |
| Medical Doctor | 61.5% | 38.5% | 0% | 0% | 0% | 0% |
| Mental Health | 75.9% | 24.1% | 0% | 0% | 0% | 0% |
| Pub. School Admin. | 62.3% | 34.8% | 0% | 0% | 2.9% | 0% |
| Pub. School Teacher | 64.9% | 30.9% | 3.1% | 0% | 0% | 1.0% |
| Social Work Admin. | 71.4% | 21.4% | 7.1% | 0% | 0% | 0% |
| Social Worker | 81.5% | 16.7% | 1.9% | 0% | 0% | 0% |

QUESTION #7 - "What is the greatest benefit of early childhood services in general?"

| | Happier children | Happier parents | Better opportunities for successful life | Better health | Improved chances of doing well in school | Improved opportunities for parents | Other | No response |
|---|---|---|---|---|---|---|---|---|
| All Respondents | 10.5% | 3.1% | 66.4% | 4.1% | 4.2% | 2.7% | 7.1% | 1.9% |
| All Females | 12.6% | 2.9% | 65.0% | 2.9% | 3.9% | 3.1% | 8.0% | 1.7% |
| All Males | 6.8% | 3.4% | 70.5% | 6.3% | 4.8% | 1.0% | 5.8% | 1.4% |
| All Under 30 | 14.4% | 2.2% | 58.9% | 2.2% | 8.9% | 3.3% | 6.7% | 3.3% |
| All 30 and Over | 9.6% | 3.4% | 68.0% | 4.2% | 3.6% | 2.5% | 7.3% | 1.3% |
| All Under $5,000 | 17.9% | 12.8% | 35.9% | 7.7% | 5.1% | 5.1% | 12.8% | 2.6% |
| $5,000 to $10,000 | 8.5% | 1.4% | 67.6% | 1.4% | 6.3% | 5.6% | 7.7% | 1.4% |
| Over $10,000 | 10.1% | 2.8% | 69.8% | 4.4% | 3.5% | 1.4% | 6.7% | 1.4% |
| Urban Counties | 10.8% | 3.9% | 66.8% | 2.8% | 2.3% | 2.6% | 9.3% | 1.5% |
| Non-urban Counties | 10.1% | 2.0% | 65.6% | 6.1% | 7.3% | 2.8% | 3.6% | 2.4% |
| Parents | 35.3% | 0% | 41.2% | 0% | 0% | 11.8% | 5.9% | 5.9% |
| Child Care and CD | 10.1% | 2.9% | 65.2% | 2.9% | 5.8% | 4.4% | 7.3% | 1.4% |
| College/University | 18.9% | 0% | 62.2% | 2.7% | 2.7% | 2.7% | 10.8% | 0% |
| County Extension Ag. | 16.7% | 6.7% | 63.3% | 6.7% | 3.3% | 0% | 3.3% | 0% |
| Elected Official | 0% | 0% | 100% | 0% | 0% | 0% | 0% | 0% |
| Health Admin. | 0% | 0% | 77.8% | 11.1% | 0% | 11.1% | 0% | 0% |
| Medical Doctor | 7.7% | 3.9% | 61.5% | 3.8% | 3.8% | 0% | 19.2% | 0% |
| Mental Health | 3.4% | 0% | 82.8% | 0% | 3.4% | 0% | 6.9% | 3.4% |
| Pub. School Admin. | 7.2% | 2.9% | 69.6% | 7.2% | 10.1% | 0% | 2.9% | 0% |
| Pub. School Teacher | 8.2% | 3.1% | 71.1% | 3.1% | 1.0% | 5.2% | 5.2% | 3.1% |
| Social Work Admin. | 7.1% | 0% | 57.1% | 7.1% | 7.1% | 0% | 21.4% | 0% |
| Social Worker | 9.3% | 7.4% | 66.7% | 3.7% | 3.7% | 1.8% | 5.6% | 1.9% |

QUESTION #8 - "Early childhood services can be most effective if ..."

| | They are coordinated through a statewide system. | They are delivered through the public school system. | Each state agency provides its own services in its own way. | They are coordinated at the community level--county, city or neighborhood--wherever leadership arises. | No response |
|---|---|---|---|---|---|
| All Respondents | 38.2% | 10.5% | .9% | 48.0% | 2.4% |
| All Females | 40.8% | 8.5% | .7% | 47.1% | 2.9% |
| All Males | 33.3% | 15.0% | 1.0% | 49.3% | 1.4% |
| All Under 30 | 41.1% | 8.9% | 2.2% | 47.8% | 0% |
| All 30 and Over | 37.5% | 11.1% | .6% | 48.3% | 2.5% |
| All Under $5,000 | 30.8% | 2.6% | 0% | 59.0% | 7.7% |
| $5,000 to $10,000 | 43.0% | 9.2% | 1.4% | 45.1% | 1.4% |
| Over $10,000 | 38.2% | 11.5% | .7% | 48.2% | 1.4% |
| Urban Counties | 40.4% | 9.0% | .3% | 48.1% | 2.3% |
| Non-urban Counties | 34.8% | 13.0% | 2.0% | 47.8% | 2.4% |
| Parents | 35.3% | 5.9% | 0% | 58.8% | 0% |
| Child Care and CD | 39.1% | 1.4% | 0% | 55.1% | 4.3% |
| College/University | 54.1% | 10.8% | 0% | 32.4% | 2.7% |
| County Extension Ag. | 36.7% | 10.0% | 3.3% | 50.0% | 0% |
| Elected Official | 50.0% | 16.7% | 0% | 33.3% | 0% |
| Health Admin. | 11.1% | 0% | 0% | 88.9% | 0% |
| Medical Doctor | 30.8% | 3.8% | 0% | 61.5% | 3.8% |
| Mental Health | 37.9% | 10.3% | 0% | 51.7% | 0% |
| Pub. School Admin. | 36.2% | 23.2% | 2.9% | 36.2% | 1.4% |
| Pub. School Teacher | 35.1% | 14.4% | 0% | 48.5% | 2.1% |
| Social Work Admin. | 57.1% | 0% | 0% | 35.7% | 7.1% |
| Social Worker | 44.4% | 9.3% | 0% | 46.3% | 0% |

QUESTION #9 - "Considering their effect on young children, early childhood services are generally ..."

| | Well worth the expense | Worth the expense | Too expensive | Much too expensive | No response |
|---|---|---|---|---|---|
| All Respondents | 61.5% | 30.8% | 3.8% | 2.2% | 1.7% |
| All Females | 64.0% | 28.5% | 3.9% | 1.7% | 1.9% |
| All Males | 57.0% | 35.7% | 3.4% | 2.9% | 1.0% |
| All Under 30 | 66.7% | 24.4% | 4.4% | 2.2% | 2.2% |
| All 30 and Over | 60.7% | 32.4% | 3.3% | 2.1% | 1.3% |
| All Under $5,000 | 66.7% | 20.5% | 7.7% | 5.1% | 0% |
| $5,000 to $10,000 | 64.1% | 28.9% | 4.9% | 1.4% | .7% |
| Over $10,000 | 61.1% | 32.3% | 3.0% | 2.1% | 1.6% |
| Urban Counties | 65.3% | 27.8% | 4.1% | 1.3% | 1.5% |
| Non-urban Counties | 55.5% | 35.6% | 3.2% | 3.6% | 2.0% |
| Parents | 70.6% | 29.4% | 0% | 0% | 0% |
| Child Care and CD | 66.7% | 24.6% | 5.8% | 1.4% | 1.4% |
| College/University | 59.5% | 35.1% | 2.7% | 2.7% | 0% |
| County Extension Ag. | 50.0% | 46.7% | 3.3% | 0% | 0% |
| Elected Official | 66.7% | 33.3% | 0% | 0% | 0% |
| Health Admin. | 55.6% | 44.4% | 0% | 0% | 0% |
| Medical Doctor | 61.5% | 26.9% | 0% | 3.8% | 7.7% |
| Mental Health | 58.6% | 37.9% | 3.4% | 0% | 0% |
| Pub. School Admin. | 44.9% | 43.5% | 5.8% | 4.3% | 1.4% |
| Pub. School Teacher | 56.7% | 33.0% | 4.1% | 5.2% | 1.0% |
| Social Work Admin. | 64.3% | 35.7% | 0% | 0% | 0% |
| Social Worker | 79.6% | 18.5% | 0% | 1.9% | 0% |

QUESTION #10 - "In terms of priorities for available public revenue, how important are services for young children?"

| | Top priority | High Priority | Middle Priority | Low Priority | Lowest Priority | No Response |
|---|---|---|---|---|---|---|
| All Respondents | 45.6% | 39.9% | 10.1% | 1.4% | 0% | 3.0% |
| All Females | 49.8% | 37.4% | 7.7% | 1.0% | 0% | 4.1% |
| All Males | 37.2% | 45.9% | 14.0% | 1.9% | 0% | 1.0% |
| All Under 30 | 41.1% | 41.1% | 13.3% | 2.2% | 0% | 2.2% |
| All 30 and Over | 46.2% | 40.0% | 9.6% | 1.1% | 0% | 3.1% |
| All Under $5,000 | 53.8% | 28.2% | 15.4% | 0% | 0% | 2.6% |
| $5,000 to $10,000 | 46.5% | 38.7% | 7.7% | 2.1% | 0% | 4.9% |
| Over $10,000 | 45.2% | 41.7% | 10.1% | 1.2% | 0% | 1.8% |
| Urban Counties | 50.6% | 37.5% | 7.5% | 1.8% | 0% | 2.6% |
| Non-urban Counties | 37.7% | 43.7% | 14.2% | .8% | 0% | 3.6% |
| Parents | 35.3% | 58.8% | 0% | 5.9% | 0% | 0% |
| Child Care and CD | 53.6% | 31.9% | 8.7% | 0% | 0% | 5.8% |
| College/University | 64.9% | 29.7% | 2.7% | 2.7% | 0% | 0% |
| County Extension Ag. | 26.7% | 60.0% | 10.0% | 0% | 0% | 3.3% |
| Elected Official | 16.7% | 83.3% | 0% | 0% | 0% | 0% |
| Health Admin. | 22.2% | 55.6% | 22.2% | 0% | 0% | 0% |
| Medical Doctor | 53.8% | 30.8% | 11.5% | 0% | 0% | 3.8% |
| Mental Health | 41.4% | 44.8% | 10.3% | 0% | 0% | 3.4% |
| Pub. School Admin. | 36.2% | 43.5% | 18.8% | 0% | 0% | 1.4% |
| Pub. School Teacher | 48.5% | 38.1% | 8.2% | 2.1% | 0% | 3.1% |
| Social Work Admin. | 50.0% | 42.9% | 0% | 7.1% | 0% | 0% |
| Social Worker | 53.7% | 35.2% | 7.4% | 1.9% | 0% | 1.9% |

QUESTION #11 - "Of the following elements in a young child's life, number from 1 to 4 in importance (1 = most important, 4 = least important)."

| | Health -- Child's and Mother's | Education -- Child's and Parent's | Housing and Neighborhood Environment | Care and Supervision |
|---|---|---|---|---|
| All Respondents | 1 | 3 | 4 | 2 |
| All Females | 1 | 3 | 4 | 2 |
| All Males | 1 | 2* | 4 | 2* |
| All Under 30 | 1 | 3 | 4 | 2 |
| All 30 and Over | 1 | 3 | 4 | 2 |
| All Under $5,000 | 1 | 2 | 4 | 3 |
| $5,000 to $10,000 | 1 | 3 | 4 | 2 |
| Over $10,000 | 1 | 3 | 4 | 2 |
| Urban Counties | 1 | 3 | 4 | 2 |
| Non-urban Counties | 1 | 3 | 4 | 2 |
| Parents | 1 | 3 | 4 | 2 |
| Child Care and CD | 1 | 3 | 4 | 2 |
| College/University | 1 | 3 | 4 | 2 |
| County Extension Ag. | 1 | 3 | 4 | 2 |
| Elected Official | 1 | 3 | 4 | 2 |
| Health Admin. | 1 | 2 | 4 | 3 |
| Medical Doctor | 1 | 3 | 4 | 2 |
| Mental Health | 1 | 3 | 4 | 2 |
| Pub. School Admin. | 1 | 3* | 4 | 2* |
| Pub. School Teacher | 1 | 3 | 4 | 2 |
| Social Work Admin. | 1 | 3 | 4 | 2 |
| Social Worker | 1 | 3 | 4 | 2 |

QUESTION #12 - "Of the following health elements in a young child's development, number from 1 to 6 in importance (1 = most important, 6 = least important)."

| | General Pre-natal care | Immunization of the child | Nutrition of the mother before birth | Nutrition of the child during early years | Physician check-ups and treatment of the child during early years | Examination of the child to determine health or learning problems together with follow-up services |
|---|---|---|---|---|---|---|
| All Respondents | 1* | 6 | 2* | 3 | 4 | 5 |
| All Females | 1* | 6 | 2* | 3 | 4 | 5 |
| All Males | 1 | 6 | 2 | 3 | 4 | 5 |
| All Under 30 | 2 | 5* | 1 | 3 | 4* | 6 |
| All 30 and Over | 1* | 6 | 2* | 3 | 4 | 5 |
| All Under $5,000 | 2 | 5* | 1 | 3 | 4 | 6* |
| $5,000 to $10,000 | 1* | 6 | 2* | 3 | 4 | 5 |
| Over $10,000 | 1* | 6 | 2* | 3 | 4 | 5 |
| Urban Counties | 1* | 6 | 2* | 3 | 4 | 5 |
| Non-urban Counties | 2* | 6 | 1* | 3 | 4 | 5 |
| Parents | 3* | 6 | 2* | 1* | 4 | 5 |
| Child Care and CD | 1 | 5* | 2 | 3 | 4* | 6* |
| College/University | 1 | 5* | 2 | 3 | [illegible] | 6* |
| County Extension Ag. | 2 | 6 | 1 | 3 | 5 | 4 |
| Elected Official | 3* | 4 | 2* | 1* | 6 | 5 |
| Health Admin. | 1* | 6 | 2* | 3 | 5 | 4 |
| Medical Doctor | 1 | 5 | 2 | 3 | 4 | 6 |
| Mental Health | 2* | 5 | 1* | 3 | 4 | 6 |
| Pub. School Admin. | 1* | 6 | 2* | 3 | 4 | 5 |
| Pub. School Teacher | 1* | 6 | 2* | 3* | 4 | 5 |
| Social Work Admin. | 2* | 6 | 1* | 3* | 4 | 5 |
| Social Worker | 1 | 6 | 2 | 3 | 4 | 5 |

QUESTION #13 - "Of the following educational elements in a young child's development, number from 1 to 6 in importance (1 = most important, 6 = least important)."

| | Special education for mentally and physically handicapped | Bilingual, bicultural experiences and exposure | Learning experiences at home | A happy, stimulating family life | Well-trained teachers at the kindergarten level and below | Enriched experiences in a planned program |
|---|---|---|---|---|---|---|
| All Respondents | 4* | 6 | 2 | 1 | 3* | 5 |
| All Females | 3 | 6 | 2 | 1 | 4 | 5 |
| All Males | 3 | 6 | 2 | 1 | 4 | 5 |
| All Under 30 | 5* | 6 | 2 | 1 | 3 | 4* |
| All 30 and Over | 3* | 6 | 2 | 1 | 4* | 5 |
| All Under $5,000 | 3 | 6 | 2 | 1 | 5* | 4* |
| $5,000 to $10,000 | 4* | 6 | 2 | 1 | 3* | 5 |
| Over $10,000 | 4 | 6 | 2 | 1 | 3 | 5 |
| Urban Counties | 4 | 6 | 2 | 1 | 3 | 5 |
| Non-urban Counties | 3* | 6 | 2 | 1 | 4* | 5 |
| Parents | 3 | 6* | 2 | 1 | 4 | 5* |
| Child Care and CD | 4* | 6 | 2 | 1 | 5* | 3* |
| College/University | 5* | 6 | 2 | 1 | 3 | 4* |
| County Extension Ag. | 3* | 6 | 2 | 1 | 4* | 5 |
| Elected Official | 3 | 6 | 2 | 1 | 4 | 5 |
| Health Admin. | 4 | 6 | 2 | 1 | 5 | 3 |
| Medical Doctor | 5 | 6 | 2 | 1 | 3 | 4 |
| Mental Health | 4* | 6 | 2 | 1 | 3* | 5 |
| Pub. School Admin. | 3* | 6 | 2 | 1 | 3* | 5 |
| Pub. School Teacher | 4* | 6 | 2 | 1 | 3* | 5 |
| Social Work Admin. | 5 | 6 | 2 | 1 | 3* | 3* |
| Social Worker | 3 | 6 | 2 | 1 | 4 | 5 |

QUESTION #14 - "Of the following elements of housing and neighborhood environment in a young child's development, number from 1 to 6 in importance (1 = most important, 6 = least important)."

| | Warm, dry housing | Housing free of insects and rats | Safe air and water | Housing free of hazards (i.e., peeling paint, faulty wiring, broken steps) | Safe streets and traffic | Uncrowded housing |
|---|---|---|---|---|---|---|
| All Respondents | 2* | 1* | 4* | 3* | 6 | 5 |
| All Females | 3* | 1* | 4* | 2* | 6 | 5 |
| All Males | 1* | 2* | 3* | 4* | 6 | 5 |
| All Under 30 | 4 | 2* | 3 | 1* | 6 | 5 |
| All 30 and Over | 2* | 1* | 4* | 3* | 6 | 5 |
| All Under $5,000 | 2 | 1 | 3 | 4 | 5 | 6 |
| $5,000 to $10,000 | 4 | 1* | 3 | 2* | 6 | 5 |
| Over $10,000 | 2* | 1* | 4* | 3* | 6 | 5 |
| Urban Counties | 3* | 2* | 4* | 1* | 6 | 5 |
| Non-urban Counties | 2* | 1* | 3 | 4 | 6 | 5 |
| Parents | 3 | 2 | 4 | 1 | 5 | 6 |
| Child Care and CD | 1* | 2* | 3* | 4* | 6 | 5 |
| College/University | 4* | 3* | 1* | 2* | 6 | 5 |
| County Extension Ag. | 2* | 3 | 4 | 1* | 6 | 5 |
| Elected Official | 4 | 2* | 2* | 1 | 5 | 6 |
| Health Admin. | 2* | 3* | 4* | 1* | 6 | 5 |
| Medical Doctor | 2* | 4 | 3* | 1 | 6 | 5 |
| Mental Health | 2 | 4* | 1 | 3 | 6 | 4* |
| Pub. School Admin. | 3 | 1* | 2* | 4 | 6 | 5 |
| Pub. School Teacher | 3* | 2* | 1* | 4 | 6 | 5 |
| Social Work Admin. | 4 | 3 | 2 | 1 | 6 | 5 |
| Social Worker | 3 | 1* | 4 | 2* | 6 | 5 |

QUESTION #15 - "Of the following care and supervision elements in a young child's development, number from 1 to 6 in importance (1 = most important, 6 = least important)."

| | Supervision to safeguard against accidents | Loving, supportive parents | Interested family members | Other children to play with | Broad experiences in the community | Trained and competent care-takers |
|---|---|---|---|---|---|---|
| All Respondents | 4* | 1 | 2 | 3 | 6 | 5* |
| All Females | 3* | 1 | 2 | 4* | 6 | 5* |
| All Males | 4* | 1 | 2 | 3 | 4* | 6 |
| All Under 30 | 3 | 1 | 2 | 4 | 6 | 5 |
| All 30 and Over | 4* | 1 | 2 | 3* | 6 | 5 |
| All Under $5,000 | 3 | 1 | 2 | 6 | 5* | 4* |
| $5,000 to $10,000 | 4* | 1 | 2 | 3* | 6 | 5* |
| Over $10,000 | 4* | 1 | 2 | 3* | 6 | 5 |
| Urban Counties | 4 | 1 | 2 | 3 | 6 | 5 |
| Non-urban Counties | 4* | 1 | 2 | 3* | 6 | 5 |
| Parents | 4 | 1 | 2 | 3 | 5 | 6 |
| Child Care and CD | 4 | 1 | 2 | 5 | 6 | 3 |
| College/University | 4* | 1 | 2 | 3 | 6 | 5* |
| County Extension Ag. | 3 | 1 | 2 | 6 | 4* | 5* |
| Elected Official | 4 | 1 | 2 | 3 | 6 | 5 |
| Health Admin. | 4 | 1 | 2 | 3 | 5 | 6 |
| Medical Doctor | 3 | 1 | 2 | 4 | 6 | 5 |
| Mental Health | 4 | 1 | 2 | 3 | 5 | 6 |
| Pub. School Admin. | 4* | 1 | 2 | 3* | 5* | 6 |
| Pub. School Teacher | 4* | 1 | 2 | 3* | 6 | 5 |
| Social Work Admin. | 3* | 1 | 2 | 5 | 6 | 3* |
| Social Worker | 3* | 1 | 2 | 4* | 6 | 5 |

QUESTION #16 - "Of the following elements in a young child's life, number from 1 to 4 in importance (1 = most important, 6 = least important)."

| | Immunization of the Young Child | Well-trained teachers at the kindergarten level and below | Housing free of insects and rats | Supervision, to safeguard against accidents |
|---|---|---|---|---|
| All Respondents | 2* | 3 | 1* | 4 |
| All Females | 2* | 4 | 1* | 3 |
| All Males | 3 | 2* | 1* | 4 |
| All Under 30 | 2 | 3 | 1 | 4 |
| All 30 and Over | 2 | 3 | 1 | 4 |
| All Under $5,000 | 1* | 3 | 2* | 4 |
| $5,000 to $10,000 | 2* | 3 | 1* | 4 |
| Over $10,000 | 2 | 3* | 1 | 4* |
| Urban Counties | 2* | 3 | 1* | 4 |
| Non-urban Counties | 2 | 3 | 1 | 4 |
| Parents | 2 | 4 | 3 | 1 |
| Child Care and CD | 2* | 3* | 1* | 4 |
| College/University | 2 | 3 | 1 | 4 |
| County Extension Ag. | 2 | 1 | 3 | 4 |
| Elected Official | 2 | 1 | 3 | 4 |
| Health Admin. | 1* | 4 | 1* | 3 |
| Medical Doctor | 1 | 3 | 4 | 2 |
| Mental Health | 3* | 4* | 1* | 2* |
| Pub. School Admin. | 2* | 3* | 1 | 4 |
| Pub. School Teacher | 2* | 3* | 1 | 4 |
| Social Work Admin. | 3 | 2* | 4 | 1* |
| Social Worker | 4 | 3 | 1 | 2 |

QUESTION #17 - "What is the greatest health need for pregnant women and young children in your community?"

| | Control of infectious diseases | Proper nutrition | Proper shelter (including housing and clothing) | Periodic contact with and examination by medical personnel | Other | No response |
|---|---|---|---|---|---|---|
| All Respondents | 6.1% | 46.5% | 1.7% | 39.5% | 3.5% | 2.7% |
| All Females | 4.8% | 47.3% | 1.2% | 40.1% | 3.9% | 2.7% |
| All Males | 9.2% | 45.4% | 2.4% | 38.2% | 2.9% | 1.9% |
| All Under 30 | 2.2% | 61.1% | 1.1% | 33.3% | 2.2% | 0% |
| All 30 and Over | 6.9% | 44.8% | 1.9% | 40.0% | 3.8% | 2.5% |
| All Under $5,000 | 7.7% | 38.5% | 2.6% | 33.3% | 12.8% | 5.1% |
| $5,000 to $10,000 | 6.3% | 45.1% | 2.1% | 43.0% | .7% | 2.8% |
| Over $10,000 | 6.0% | 48.6% | 1.4% | 39.2% | 3.7% | 1.2% |
| Urban Counties | 5.4% | 45.5% | 1.3% | 40.6% | 4.9% | 2.3% |
| Non-urban Counties | 7.3% | 48.2% | 2.4% | 37.7% | 1.2% | 3.2% |
| Parents | 17.6% | 35.3% | 0% | 35.3% | 0% | 11.8% |
| Child Care and CD | 2.9% | 34.8% | 1.4% | 50.7% | 4.3% | 5.8% |
| College/University | 2.7% | 64.9% | 0% | 27.0% | 5.4% | 0% |
| County Extension Ag. | 0% | 76.7% | 0% | 23.3% | 0% | 0% |
| Elected Official | 0% | 33.3% | 0% | 66.7% | 0% | 0% |
| Health Admin. | 0% | 55.6% | 0% | 44.4% | 0% | 0% |
| Medical Doctor | 3.8% | 38.5% | 3.8% | 46.2% | 7.7% | 0% |
| Mental Health | 10.3% | 58.6% | 0% | 24.1% | 6.9% | 0% |
| Pub. School Admin. | 8.7% | 44.9% | 1.4% | 42.0% | 2.9% | 0% |
| Pub. School Teacher | 6.2% | 58.8% | 0% | 30.9% | 3.1% | 1.0% |
| Social Work Admin. | 0% | 35.7% | 0% | 64.3% | 0% | 0% |
| Social Worker | 16.7% | 33.3% | 1.9% | 44.4% | 3.7% | 0% |

QUESTION #18 - "How are present health services for pregnant women and young children in your community?"

| | Adequate and extensive enough | Adequate but not extensive enough | Inadequate but extensive enough | Inadequate and not extensive enough | Do not know | No response |
|---|---|---|---|---|---|---|
| All Respondents | 9.7% | 35.8% | 4.1% | 28.0% | 20.6% | 1.7% |
| All Females | 10.6% | 34.8% | 2.7% | 27.5% | 23.2% | 1.2% |
| All Males | 8.2% | 38.6% | 6.8% | 28.5% | 16.4% | 1.4% |
| All Under 30 | 6.7% | 37.8% | 1.1% | 30.0% | 24.4% | 0% |
| All 30 and Over | 10.2% | 36.0% | 4.8% | 27.6% | 19.9% | 1.5% |
| All Under $5,000 | 17.9% | 20.5% | 5.1% | 28.2% | 28.2% | 0% |
| $5,000 to $10,000 | 14.1% | 38.7% | 1.4% | 24.6% | 19.7% | 1.4% |
| Over $10,000 | 7.4% | 36.9% | 5.1% | 29.3% | 20.3% | 1.1% |
| Urban Counties | 10.0% | 33.7% | 5.1% | 25.2% | 24.4% | 1.5% |
| Non-urban Counties | 9.3% | 39.3% | 2.4% | 32.4% | 14.6% | 2.0% |
| Parents | 17.6% | 23.5% | 5.9% | 29.4% | 23.5% | 0% |
| Child Care and CD | 15.9% | 29.0% | 1.4% | 23.2% | 29.0% | 1.4% |
| College/University | 0% | 40.5% | 2.7% | 27.0% | 29.7% | 0% |
| County Extension Ag. | 3.3% | 53.3% | 0% | 36.7% | 6.7% | 0% |
| Elected Official | 16.7% | 66.7% | 0% | 16.7% | 0% | 0% |
| Health Admin. | 0% | 33.3% | 11.1% | 55.6% | 0% | 0% |
| Medical Doctor | 19.2% | 42.3% | 3.8% | 30.8% | 0% | 3.8% |
| Mental Health | 3.4% | 34.5% | 6.9% | 31.0% | 24.1% | 0% |
| Pub. School Admin. | 10.1% | 43.5% | 7.3% | 24.6% | 13.0% | 1.4% |
| Pub. School Teacher | 12.4% | 25.8% | 2.1% | 24.7% | 34.0% | 1.0% |
| Social Work Admin. | 7.1% | 28.6% | 14.3% | 35.7% | 14.3% | 0% |
| Social Worker | 11.1% | 35.2% | 5.6% | 33.3% | 14.8% | 0% |

QUESTION #19 - "What is the greatest educational need for young children and their parents in your community?"

| | Bilingual education | Education for parenting | Teaching young children to read | Well-trained, competent teachers | Other | No response |
|---|---|---|---|---|---|---|
| All Respondents | 8.5% | 66.2% | 3.9% | 15.6% | 3.9% | 1.9% |
| All Females | 9.2% | 67.6% | 2.7% | 15.7% | 3.6% | 1.2% |
| All Males | 7.2% | 65.2% | 6.8% | 15.0% | 4.3% | 1.4% |
| All Under 30 | 15.6% | 61.1% | 2.2% | 14.4% | 5.6% | 1.1% |
| All 30 and Over | 7.7% | 67.8% | 4.4% | 15.3% | 3.6% | 1.3% |
| All Under $5,000 | 20.5% | 43.6% | 2.6% | 25.6% | 5.1% | 2.6% |
| $5,000 to $10,000 | 10.6% | 63.4% | 2.1% | 14.8% | 7.0% | 2.1% |
| Over $10,000 | 6.7% | 70.3% | 4.8% | 14.7% | 2.5% | .9% |
| Urban Counties | 6.4% | 69.7% | 2.1% | 17.5% | 3.3% | 1.0% |
| Non-urban Counties | 11.7% | 60.7% | 6.9% | 12.6% | 4.9% | 3.2% |
| Parents | 29.4% | 47.1% | 0% | 11.8% | 5.9% | 5.9% |
| Child Care and CD | 7.2% | 60.9% | 0% | 26.1% | 5.8% | 0% |
| College/University | 2.7% | 67.6% | 0% | 24.3% | 2.7% | 2.7% |
| County Extension Ag. | 3.3% | 93.3% | 3.3% | 0% | 0% | 0% |
| Elected Official | 0% | 66.7% | 16.7% | 16.7% | 0% | 0% |
| Health Admin. | 11.1% | 55.6% | 0% | 11.1% | 11.1% | 11.1% |
| Medical Doctor | 15.4% | 53.8% | 11.5% | 19.2% | 0% | 0% |
| Mental Health | 3.4% | 75.9% | 0% | 10.3% | 6.9% | 3.4% |
| Pub. School Admin. | 5.8% | 71.0% | 11.6% | 7.2% | 4.3% | 0% |
| Pub. School Teacher | 4.1% | 74.2% | 4.1% | 14.4% | 2.1% | 1.0% |
| Social Work Admin. | 0% | 78.6% | 0% | 14.3% | 7.1% | 0% |
| Social Worker | 18.5% | 57.4% | 1.9% | 18.5% | 3.7% | 0% |

QUESTION #20 - "How are present educational services for young children and their parents in your community?"

| | Adequate and extensive enough | Adequate but not extensive enough | Inadequate but extensive enough | Inadequate and not extensive enough | Do not know | No response |
|---|---|---|---|---|---|---|
| All Respondents | 5.7% | 35.2% | 4.4% | 48.9% | 4.2% | 1.6% |
| All Females | 6.5% | 33.3% | 2.4% | 51.2% | 5.6% | 1.0% |
| All Males | 4.3% | 39.1% | 8.2% | 45.9% | 1.9% | .5% |
| All Under 30 | 5.6% | 36.7% | 3.3% | 52.2% | 1.1% | 1.1% |
| All 30 and Over | 5.6% | 34.5% | 4.6% | 49.6% | 5.0% | .8% |
| All Under $5,000 | 15.4% | 25.6% | 0% | 43.6% | 15.4% | 0% |
| $5,000 to $10,000 | 5.6% | 43.0% | 4.2% | 43.0% | 3.5% | .7% |
| Over $10,000 | 4.1% | 33.2% | 4.8% | 53.5% | 3.7% | .7% |
| Urban Counties | 5.9% | 32.6% | 4.9% | 52.2% | 4.4% | 0% |
| Non-urban Counties | 5.3% | 39.3% | 3.6% | 43.7% | 4.0% | 4.0% |
| Parents | 5.9% | 41.2% | 5.9% | 41.2% | 5.9% | 0% |
| Child Care and CD | 8.7% | 36.2% | 2.9% | 43.5% | 8.7% | 0% |
| College/University | 0% | 16.2% | 2.7% | 73.0% | 8.1% | 0% |
| County Extension Ag. | 3.3% | 43.3% | 3.3% | 43.3% | 3.3% | 3.3% |
| Elected Official | 16.7% | 50.0% | 0% | 33.3% | 0% | 0% |
| Health Admin. | 0% | 22.2% | 22.2% | 55.6% | 0% | 0% |
| Medical Doctor | 7.7% | 34.6% | 3.8% | 53.8% | 0% | 0% |
| Mental Health | 3.4% | 34.5% | 6.9% | 48.3% | 6.9% | 0% |
| Pub. School Admin. | 7.2% | 40.6% | 1.4% | 46.4% | 4.3% | 0% |
| Pub. School Teacher | 3.1% | 41.2% | 5.2% | 45.4% | 4.1% | 1.0% |
| Social Work Admin. | 0% | 0% | 21.4% | 71.4% | 7.1% | 0% |
| Social Worker | 1.9% | 29.6% | 3.7% | 64.8% | 0% | 0% |

QUESTION #21 - "What is the greatest care and supervision need for young children in your community?"

| | Day care for the children of working mothers | Before and after school care for children of working parents | Trained and competent care-takers | Families that are loving and supportive of the child | Other | No response |
|---|---|---|---|---|---|---|
| All Respondents | 34.7% | 10.7% | 11.8% | 37.4% | 3.3% | 2.0% |
| All Females | 37.7% | 12.1% | 13.8% | 31.6% | 3.6% | 1.2% |
| All Males | 30.0% | 8.2% | 8.2% | 49.8% | 2.4% | 1.4% |
| All Under 30 | 41.1% | 12.2% | 14.4% | 28.9% | 3.3% | 0% |
| All 30 and Over | 33.9% | 10.5% | 11.5% | 39.5% | 3.3% | 1.3% |
| All Under $5,000 | 43.6% | 17.9% | 10.3% | 25.6% | 0% | 2.6% |
| $5,000 to $10,000 | 40.1% | 12.7% | 9.9% | 31.0% | 5.6% | .7% |
| Over $10,000 | 32.9% | 9.9% | 12.4% | 40.6% | 3.0% | 1.2% |
| Urban Counties | 33.2% | 11.8% | 13.9% | 37.0% | 3.3% | .8% |
| Non-urban Counties | 37.2% | 8.9% | 8.5% | 38.1% | 3.2% | 4.0% |
| Parents | 41.2% | 17.6% | 5.9% | 35.3% | 0% | 0% |
| Child Care and CD | 39.1% | 7.2% | 18.8% | 29.0% | 5.8% | 0% |
| College/University | 29.7% | 2.7% | 18.9% | 40.5% | 8.1% | 0% |
| County Extension Ag. | 40.0% | 3.3% | 13.3% | 43.3% | 0% | 0% |
| Elected Official | 50.0% | 0% | 0% | 50.0% | 0% | 0% |
| Health Admin. | 33.3% | 11.1% | 22.2% | 33.3% | 0% | 0% |
| Medical Doctor | 38.5% | 0% | 7.7% | 46.2% | 3.8% | 3.8% |
| Mental Health | 17.2% | 6.9% | 20.7% | 44.8% | 6.9% | 3.4% |
| Pub. School Admin. | 21.7% | 17.4% | 5.8% | 50.7% | 4.3% | 0% |
| Pub. School Teacher | 29.9% | 12.4% | 11.3% | 42.3% | 2.1% | 2.1% |
| Social Work Admin. | 57.1% | 0% | 14.3% | 28.6% | 0% | 0% |
| Social Worker | 38.9% | 13.0% | 11.1% | 31.5% | 5.6% | 0% |

QUESTION #22 - "How are present care and supervision services for young children in your community?"

| | Adequate and extensive enough | Adequate but not extensive enough | Inadequate but extensive enough | Inadequate and not extensive enough | Do not know | No response |
|---|---|---|---|---|---|---|
| All Respondents | 4.2% | 31.6% | 6.9% | 48.3% | 6.4% | 2.5% |
| All Females | 4.8% | 32.1% | 5.6% | 49.5% | 6.0% | 1.9% |
| All Males | 3.4% | 30.0% | 9.2% | 48.8% | 7.2% | 1.4% |
| All Under 30 | 2.2% | 33.3% | 8.9% | 47.8% | 6.7% | 1.1% |
| All 30 and Over | 4.2% | 31.2% | 6.9% | 49.6% | 6.3% | 1.7% |
| All Under $5,000 | 10.3% | 41.0% | 2.6% | 33.3% | 7.7% | 5.1% |
| $5,000 to $10,000 | 7.0% | 38.0% | 12.0% | 38.0% | 2.8% | 2.1% |
| Over $10,000 | 2.1% | 29.5% | 6.0% | 53.7% | 7.4% | 1.4% |
| Urban Counties | 3.6% | 31.6% | 8.0% | 46.8% | 8.7% | 1.3% |
| Non-urban Counties | 5.3% | 31.6% | 5.3% | 50.6% | 2.8% | 4.5% |
| Parents | 0% | 29.4% | 5.9% | 47.1% | 17.6% | 0% |
| Child Care and CD | 8.7% | 33.3% | 2.9% | 47.8% | 5.8% | 1.4% |
| College/University | 0% | 18.9% | 2.7% | 70.3% | 8.1% | 0% |
| County Extension Ag. | 0% | 33.3% | 10.0% | 46.7% | 6.7% | 3.3% |
| Elected Official | 0% | 66.7% | 0% | 33.3% | 0% | 0% |
| Health Admin. | 0% | 22.2% | 11.1% | 66.7% | 0% | 0% |
| Medical Doctor | 3.8% | 30.8% | 7.7% | 53.8% | 0% | 3.8% |
| Mental Health | 3.4% | 24.1% | 6.9% | 48.3% | 13.8% | 3.4% |
| Pub. School Admin. | 4.4% | 39.1% | 4.3% | 44.9% | 7.2% | 0% |
| Pub. School Teacher | 3.1% | 33.0% | 7.2% | 45.4% | 9.3% | 2.1% |
| Social Work Admin. | 0% | 7.1% | 7.1% | 78.6% | 7.1% | 0% |
| Social Worker | 1.9% | 29.6% | 16.7% | 46.3% | 3.7% | 1.9% |